CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| | FORM | C/OH |
|-------|------|--------|
| COVER | SHEE | T PG 1 |

| т | ne C/OH Instruction (| Guide explains how to a | complete this form. | 1 Filer ID (Ethics Commis 00069589 | | 2 Total pages fi | led: 78 |
|----------|-------------------------|-------------------------|---------------------|--|-----------------------------------|------------------------|--------------------|
| 3 | CANDIDATE / | MS / MRS / MR | FIRST | | MI | | USE ONLY |
| | OFFICEHOLDER | The Honorable | John H. | | | OFFICE | |
| | NAME | | | | | Date Received | |
| | | | | | | ELECTRONIC | ALLY FILED |
| | | NICKNAME | LAST | | SUFFIX | 07/17/2023 | |
| | | | Bucy | | 111 | | |
| 4 | CANDIDATE / | ADDRESS / PO BOX; | APT / SUITE #; CI | rv· | ZIP CODE | Date Hand-delivered of | or Date Postmarked |
| ľ | OFFICEHOLDER | P.O. Box 536 | AFT/SOIL#, CI | , | ZIF CODE | | |
| | MAILING | P.U. BUX 530 | | | | Receipt # | Amount |
| | ADDRESS | | | | | | |
| | Change of Address | Austin, TX 78767 | | | | Date Processed | |
| | | | | | | | |
| | | | | | | Date Imaged | |
| | | | | | | | |
| 5 | CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| | TREASURER NAME | Mrs. | Heather Sand | ers | | | |
| | | | | | | | |
| | | NICKNAME | LAST | | SUFFIX | | |
| | | - | Jefts | | | | |
| | | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (N | IO PO BOX PLEASE) | AP | / SUITE #; CITY; | ST | ATE; ZIP CODE |
| ľ | TREASURER | 1202 Willowbrook Di | | 7.4 | | 017 | |
| | ADDRESS | | | | | | |
| | (Residence or Business) | | 40 | | | | |
| | | Cedar Park , TX 786 | 13 | | | | |
| | | | | | | | |
| 7 | CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | TREASURER | (512) 529-4987 | | | | | |
| | PHONE | (, | | | | | |
| 8 | REPORT | | | | | | |
| | TYPE | January 15 | 30th day befor | e election | Runoff | | mpaign treasurer |
| | | | | | | appointment (offi | |
| | | X July 15 | 8th day before | election | Exceeded modified reporting limit | Final Report (Att | ach C/OH-FR) |
| L | | | | | | | |
| 9 | PERIOD COVERED | , | Year | | Month Day | Year | |
| | COVERED | 01/01/2023 | 11 | HROUGH | 06/30/2023 | 3 | |
| | | | | | | | |
| 10 | ELECTION | ELECTION DA | | | | | |
| | | | Year X F | Primary | Runoff | Other | |
| | | 03/05/2024 | | General | Special | | |
| | | | | | | | |
| 11 | . OFFICE | OFFICE HELD (if any) | I | | 12 OFFICE SOUGHT | (if known) | |
| | | State Representative | e District 136 | | State Representa | ative District 136 | i |
| 1 | | | | | | | |
| \vdash | | 1 | | | 1 | | |
| | | | | | | | |
| 1 | | | ~~·· | | | | |
| L | | | | TO PAGE 2 | | | |
| Fo | rms provided by Te | xas Ethics Commissio | n www.e | thics.state.tx.u | S | Versi | on V3.5.1.a18ea2ca |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 78

| 13 C / OH NAME | Bucy III, John H. (The | e Honorable) | 14 Filer ID (1 00069589 | Ethics Commission Filers) |
|--|----------------------------------|---|-----------------------------------|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information | the candidate's or office | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | 55 | |
| | | | | 1 |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 36,631.70 |
| EXPENDITURE TOTALS | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 33,374.97 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 41,695.89 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 36,375.00 |
| 17 AFFIDAVIT | - | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | |
| | | The Hono | orable John H. Bucy I | II |
| | | Signature of | Candidate or Officehold | der |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of offic | cer administering | Printed name of officer administering | Title of officer | administering oath |
| Forms provided by Te | xas Ethics Commission | www.ethics.state.tx.us | Ň | /ersion V3.5.1.a18ea2ca |

| SUBTOTALS - C/OH | C | FORM C/OH OVER SHEET PG 3 3 of 78 |
|--|-------------------------|---|
| 18 FILER NAME Bucy III, John H. (The Honorable) | 19 Filer ID 00069589 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 36,631.70 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 33,374.97 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | ONS | \$ |
| 12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ 541.51 |
| | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/26 Rpt: 4/78 | |
|----------|---|--|----------------------------|---------------------------------------|---|--------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Bucy III, Joh | In H. (The Honorable) | | | 00069589 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| - | 06/19/2023 | Abdalla, Jake | / | . | | \$250.00 |
| | 00/10/2022 | | | | | Ψ200.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | 1 | | | | |
| | | Austin, TX 78733 | | | | |
| 0 | Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | | | | | |
| ° | | | | <i>.</i> , | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/25/2023 | Anderson, Mark | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 1 | | | | |
| | | 1 | | | | |
| | | Cedar Park, TX 78613 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | | ļ | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/19/2023 | Ball, Natalie | | | • • | \$39.00 |
| | | | | 1 | | • - |
| | | | | | | |
| | | 1 | | | | |
| | | Liberty Hill, TX 78642 | | | | |
| \vdash | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | | ļ | | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/26/2023 | Baw, Ali | , | | , | \$54.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | • - |
| | | | | | | |
| | | 1 | | | | |
| | | Cedar Park, TX 78630 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | | ļ | | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2023 | Beaulieu, Jeffrey | / | | , | \$125.00 |
| | • • • • • • | | | 1 | | . |
| | | | | | | |
| | | 1 | | | | |
| | | Georgetown, TX 78628 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | لــــــــــــــــــــــــــــــــــــ | | |
| | | | | ·) | | |
| ⊢ | | | | | | |
| | | | | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/26 Rpt: 5/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/27/2023 Birkholz, Jennie \$39.00 6 Contributor address; City; State; Zip Code Round Rock, TX 78681-2436 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2023 Blackard, Patrick M. \$39.00 Contributor address; City; State; Zip Code Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/22/2023 \$78.00 Blackson, Steve Contributor address; City; State; Zip Code Austin, TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 \$50.00 Blackson, Steve Contributor address; City; State; Zip Code Austin, TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$39.00 Bloemker, Laura Contributor address; City; State; Zip Code Round Rock, TX 78664 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| The Instruc | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/78 | |
|------------------|---|-------------------------------|---|----------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| Bucy III, Joh | n H. (The Honorable) | | 00069589 | - |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/25/2023 | Boydstun, Dwaine | | | \$125.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Georgetown, TX 78633 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) | s) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/30/2023 | Bratton, Barbara | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Leander, TX 78641 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) | s) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/19/2023 | Braunagel-Brown, Mary | | | \$100.00 |
| 1 | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Austin, TX 78736 |] | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | s) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/26/2023 | Burczewski, Adrian | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Cedar Park, TX 78613 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) | S) | |
| | | | T | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ±1=0.00 |
| 06/22/2023 | | | | \$150.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78731 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | <u>ا</u> | |
| Pillicipai occu | | | 5) | |
| | | <u> </u> | | |
| | | | | |
| | | | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 4/26 Rpt: 7/78 |
|------------------|--|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Bucy III, Joh | n H. (The Honorable) | | 00069589 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 06/26/2023 | Burke, Cecelia (The Honorable) | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Austin, TX 78731 | | |
| 3 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| Data | | | Amount of Quantifications (ft) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/28/2023 | Cain, Randy C. | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Austin, TX 78763 | | |
| Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | s) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/28/2023 | Cavanaugh, Nina | | \$72.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Cedar Park, TX 78613 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/27/2023 | Cavanaugh, Stefanie | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Austin, TX 78729 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/26/2023 | Cavazos, Ruben | , | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| Dringinglassy | Austin, TX 78729 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | | | |
| | | | |
| | | | |

| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/26 Rpt: 8/78 | |
|----------|----------------|---------------------------------------|-------------------------|------------------------------|----------------|---|-----------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Bucy III, Joh | nn H. (The Honorable) | | | | 00069589 | |
| 4 | | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/30/2023 | Clemmons, Jeffrey | | | | | \$250.00 |
| | I | 6 Contributor address; City; Si | | | | | |
| | | Austin, TX 78722 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions | 3) | 9 Employer (See Instructions | ;) | | |
| — | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2023 | Conklin, Blane | | | | | \$39.00 |
| | I | Contributor address; City; Si | | | 1 | | |
| | | | | | | | |
| | | Round Rock, TX 78664 | | | | | |
| | Principal occu | upation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| | | | | | | | |
| <u> </u> | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2023 | Conrad, Tammy | | | | | \$39.00 |
| | | Contributor address; City; Si | tate; Zip Code | | | | |
| | | Round Rock, TX 78664 | | - | | | |
| | Principal occu | upation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/19/2023 | Conyngham, Karen | | | | | \$100.00 |
| | 1 | Contributor address; City; Si | tate; Zip Code | | | | |
| | | | | | | | |
| L | | Austin, TX 78746 | | | Ĺ | | |
| | Principal occu | upation / Job title (See Instructions | 3) | Employer (See Instructions | 3) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/22/2023 | Cook, Terry G (The Hono | rable) | | | | \$250.00 |
| | | Contributor address; City; Si | tate; Zip Code | | | | |
| | | Round Rock, TX 78681 | | | | | |
| | Principal occu | upation / Job title (See Instructions | s) | Employer (See Instructions | <u>ا</u> چ) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/26 Rpt: 9/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/26/2023 Covey, Sharon \$39.00 6 Contributor address; City; State; Zip Code Georgetown, TX 78633 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 Cox, Ralph \$25.00 Contributor address; City; State; Zip Code Austin, TX 78717-4484 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/24/2023 D Piner, Elizabeth \$89.00 Contributor address; City; State; Zip Code Austin, TX 78729 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 \$39.00 Dholakia, Gloria (The Honorable) Contributor address; City; State; Zip Code Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$39.00 Dower, Carolyn Contributor address; City; State; Zip Code Austin, TX 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | The Instru | ction Guide explains how to complete | this form. | 1 | Total pages Schedule A1: Sch: 7/26 Rpt: 10/78 | |
|---|----------------|--|------------------------------|----|--|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | n H. (The Honorable) | | | 00069589 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAG | C (ID#:) | 7 | Amount of Contribution (\$) | |
| | 06/26/2023 | Ducharme, Jacalyn | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | Austin, TX 78717 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date | Full name of contributor out-of-state PAG | C (ID#:) | Γ | Amount of Contribution (\$) | |
| | 06/30/2023 | Emmick, Robert | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78704 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| F | Date | Full name of contributor out-of-state PAG | C (ID#:) | Τ | Amount of Contribution (\$) | |
| | 06/27/2023 | Esparza, Servando | | | | \$125.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78754 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAG | C (ID#:) | | Amount of Contribution (\$) | |
| | 06/24/2023 | Fashokun, Sade (The Honorable) | | | | \$39.00 |
| | | Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | | Cedar Park, TX 78613 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | Date | Full name of contributor 🔲 out-of-state PAG | C (ID#:) | | Amount of Contribution (\$) | |
| | 06/23/2023 | Flannigan, James (The Honorable) | | | | \$125.00 |
| | | Contributor address; City; State; Zip Code | | " | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78729 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 8/26 Rpt: 11/78 |
|-----------------|---|------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Bucy III, Joh | n H. (The Honorable) | | 00069589 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 Amount of Contribution (\$) |
| 06/30/2023 | Foster, Richard | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| C Dringingloggy | Round Rock, TX 78681 | C Employer (See Instructions | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | 3) |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) |
| 06/28/2023 | Frezza, Alexis | | \$40.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Coder Dark TV 70612 | | |
| Drincinal occu | Cedar Park, TX 78613 pation / Job title (See Instructions) | Employer (See Instructions | ~\ |
| ΗΠΟμαί Ουυα | | | >) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/20/2023 | Gandaria-Escamilla, Sara | | \$25.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Devel Deals TV 20064 | | |
| Dringing occu | Round Rock, TX 78664 | Employer (Soo Instructions | |
| ΡΠΠυμαι στου | pation / Job title (See Instructions) | Employer (See Instructions | \$) |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| 06/26/2023 | Garcia, Brandon | | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Manor, TX 78653 | | |
| Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | s) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) |
| 06/19/2023 | Gilby, Kim (The Honorable) | | \$125.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | 0. Jan Daris TV 70010 | | |
| Dringing ogg | Cedar Park, TX 78613 | Employer (Coo Instructions | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 3) |
| | | | |
| | | | |
| | | | |

| _ | | | | | | | |
|---------------------|----------------|---|----------------------------|------------------------------|----------------|--|----------------|
| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 9/26 Rpt: 12/78 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | i Filers) |
| | Bucy III, Joh | in H. (The Honorable) | | | | 00069589 | - |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/28/2023 | Gilby, Ralph | | | | | \$39.00 |
| | | 6 Contributor address; City; St | tate; Zip Code | | 1 | | |
| | | | | | | | |
| | | Cedar Park, TX 78613 | | | | | |
| 8 | Principal occu | I Ipation / Job title (See Instructions | S) | 9 Employer (See Instructions | <u> </u> 5) | | |
| | · | | , | | , | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/26/2023 | Gonzalez, Manny (The Ho | onorable) | | | | \$39.00 |
| | | Contributor address; City; St | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78729 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/30/2023 | Grace, Kerry | | | | | \$10.00 |
| | | Contributor address; City; St | | | 1 | | |
| | | | | | | | |
| Coder Dark TV 79612 | | | | | | | |
| | Drincinal occi | Cedar Park, TX 78613 Ipation / Job title (See Instructions | Employer (See Instructions | <u> </u> | | | |
| | Fillopai occa | אמווטוו ז טטט נוגר (שבר וושנומרגסיס | <i>(i</i> | | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | l) | Τ | Amount of Contribution (\$) | |
| | 06/23/2023 | Grady, Brent | | | | | \$200.00 |
| | | Contributor address; City; St | tate; Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Lake Jackson, TX 77566 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| <u> </u> | | 1 | | | . | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | * 20.00 |
| | 06/28/2023 | Griffin, Sheila | | | | | \$20.00 |
| | | Contributor address; City; St | tate; Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78717 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u> </u> 5) | | |
| | | | ., | - F - 7 - X | -, | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/26 Rpt: 13/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/28/2023 Griffin, Wanda Faye \$39.00 6 Contributor address; City; State; Zip Code Round Rock, TX 78664 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 Griffith, Idona \$39.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/19/2023 \$39.00 Gunter, Jan Contributor address; City; State; Zip Code Round Rock, TX 78665 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/23/2023 Haben, Michelle \$125.00 Contributor address; City; State; Zip Code Austin, TX 78727 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 06/19/2023 \$125.00 Hayes-McMahon, Shellie Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/26 Rpt: 14/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/19/2023 Hilliard, Wanda \$78.00 6 Contributor address; City; State; Zip Code Austin, TX 78729 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2023 \$50.00 Hinkle, Kali Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/28/2023 Hunter, Nelda \$500.00 Contributor address; City; State; Zip Code Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/28/2023 \$500.00 J. Ancira Strategies Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/27/2023 Jefts, Richard \$39.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| \models | | | | | = | | |
|-----------|------------------|---------------------------------------|-------------------------|------------------------------|---------|---|------------|
| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/26 Rpt: 15/78 | |
| 2 | FILER NAME | · | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Bucy III, Joh | nn H. (The Honorable) | | | | 00069589 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/25/2023 | KPW PAC | — | | | | \$500.00 |
| | I | 6 Contributor address; City; S | State; Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78768 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions | s) | 9 Employer (See Instructions | ;) | | |
| | | | | | | | |
| _ | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2023 | Lannen, Virginia | | | | | \$500.00 |
| | I | Contributor address; City; S | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Dallas, TX 75223 | | | | | |
| | Principal occu | upation / Job title (See Instructions | 5) | Employer (See Instructions | ;) | | |
| _ | | | | | — | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/19/2023 | Legacy 44 PAC | | | | | \$1,000.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | |
| | | | | | | | |
| | Austin, TX 78756 | | | | | | |
| | Principal occl | upation / Job title (See Instructions | (S) | Employer (See Instructions | ل ۱) | | |
| | | | | | , | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/26/2023 | Legrand, Christina | | | | | \$125.00 |
| | I | Contributor address; City; S | state; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Cedar Park, TX 78613 | | | | | |
| | Principal occu | upation / Job title (See Instructions | 5) | Employer (See Instructions | ;) | | |
| | | | | | _ | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/28/2023 | Lester, Brigid | | | | | \$10.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | |
| | | | | | | | |
| | | Cedar Park, TX 78613 | | | | | |
| | Principal occu | upation / Job title (See Instructions | (S) | Employer (See Instructions | ل ۱ | | |
| | · | | <i>'</i>) | | ·) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | The Instru | ction Guide explains how to complet | te this for | rm. | 1 | Total pages Schedule A1: Sch: 13/26 Rpt: 16/78 | |
|---|----------------------|--|-------------|-----------------------------|----|---|-------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissi | ion Filers) |
| | Bucy III, Joh | n H. (The Honorable) | | | | 00069589 | - |
| 4 | Date | 5 Full name of contributor out-of-state F | PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/26/2023 | Litwin, Stuart | | | | | \$78.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | 1 | | | | | |
| | | 1 | | | | | |
| | | Round Rock, TX 78681 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions) | .) | | |
| | Date | Full name of contributor out-of-state F | PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/19/2023 | Loewy, Adam | | | | | \$15,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | Austin, TX 78731 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) | ;) | | |
| | Lawyer | | | Loewy Law Firm | | | |
| | Date | Full name of contributor out-of-state F | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/28/2023 | Luis Echegaray for Texas | | | | | \$2,372.47 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | Round Rock, TX 78664 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | | | | | | | |
| | Date | Full name of contributor 🔲 out-of-state F | PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/27/2023 | Lutes, Lavern | | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| | <u></u> | Austin, TX 78729 | | (2 | Ļ | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Date | Full name of contributor out-of-state F | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/19/2023 | Lutes, Molly | - | | | | \$142.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | Austin, TX 78729 | | | | | |
| | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions) | ;) | | |
| | | | | | | | |
| | | | · · · · | | | | |
| | | | | | | | |
| 1 | | | | | | | |

| | | | | | _ | | |
|----------|----------------|--|-------------------------|------------------------------|------------------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 14/26 Rpt: 17/78 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | nn H. (The Honorable) | | | | 00069589 | , |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/28/2023 | Lutes, Molly | — | | | | \$39.00 |
| | | 6 Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78729 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | | 9 Employer (See Instructions | ;) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 06/25/2023 | Martin, Maria | | | | | \$1,000.00 |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | | | | | | |
| <u> </u> | | Cedar Park, TX 78613 | | | | | |
| | | upation / Job title (See Instructions) | 1 | Employer (See Instructions | ;) | | |
| | Not Employe | <u>d</u> | | N/A | _ | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/27/2023 | Mattingly, Jennifer (The Ho | onorable) | | | | \$125.00 |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | Dound Dook TV 70601 | | | | | |
| | Dringing oog | Round Rock, TX 78681 | | Employer (Cool Instructions | Ĺ | | |
| | Principal occu | <pre>upation / Job title (See Instructions)</pre> | | Employer (See Instructions |)) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/21/2023 | Mauer, Christine (The Hone | | | | | \$39.00 |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | Codor Dark TX 78613 | | | | | |
| ⊢ | Dringinal occi | Cedar Park, TX 78613 upation / Job title (See Instructions) | | Employer (See Instructions | $\sum_{i=1}^{n}$ | | |
| | Ρπιτιραί στου | | | Employer (See Instructions | 9 | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/28/2023 | Mauro, Kyle | — | | | | \$500.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | Ļ | | |
| | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | , | 1 Tatal nama Cabadula A1 |
|-------------------|--|-------------------------------|---|
| The Instruc | ction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: Sch: 15/26 Rpt: 18/78 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Bucy III, Joh | n H. (The Honorable) | | 00069589 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# |)#:) | 7 Amount of Contribution (\$) |
| 06/26/2023 | Mercer, Frances J | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Dallas, TX 75202 | | |
| B Principal occur | pation / Job title (See Instructions) | 9 Employer (See Instructions) | \$) |
| Date | Full name of contributor out-of-state PAC (ID# |)#: | Amount of Contribution (\$) |
| 06/28/2023 | Muse, Walter | | \$50.00 |
| | | | • |
| | | | |
| | | | |
| | Austin, TX 78727 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) | 3) |
| Date | Full name of contributor |)#:) | Amount of Contribution (\$) |
| 06/23/2023 | Muse, Walter | #/ | \$25.00 |
| | | | |
| | | | |
| | | | |
| | Austin, TX 78727 | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions) | 3) |
| | | | 1 |
| Date | Full name of contributor out-of-state PAC (ID; |)#:) | Amount of Contribution (\$) |
| 06/20/2023 | Musselman, KT (The Honorable) | | \$125.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Austin, TX 78717 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | <u>۲ــــــــــــــــــــــــــــــــــــ</u> |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID# | #:) | Amount of Contribution (\$) |
| 06/26/2023 | Neemidge, Geri | | \$29.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Round Rock, TX 78681 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> |
| i moipai oosaj | | | <i>"</i> |
| | | | |
| | | | |
| | | | |

| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 16/26 Rpt: 19/78 | |
|------------------|---|-------------------------------|---|----------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fi | ilers) |
| Bucy III, Joh | nn H. (The Honorable) | | 00069589 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/26/2023 | Newman, James | | | \$50.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| 2 Dringingling | Taylor, TX 76574 | | | |
| B Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions) |) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/30/2023 | Nichols, Colby | | \$ | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | ļ | | |
| | Austin, TX 78738 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) | |
| 06/28/2023 | Oliver, Jesse (The Honorable) | | | \$125.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | ļ | | |
| | Dallas, TX 75224 | J | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | .) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/23/2023 | Oney, Thomas | | \$ | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Austin, TX 78756 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) | |
| 06/27/2023 | Parson, Richard | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | ļ | | |
| | Round Rock, TX 78664 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | \$) | |
| | | | , | |
| | | <u> </u> | | |
| | | | | |
| | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/26 Rpt: 20/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/26/2023 Parungao, Joseph \$39.00 6 Contributor address; City; State; Zip Code Leander, TX 78641 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/19/2023 \$500.00 Pelosi, Jan Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 06/27/2023 Penniman-Morin, James (The Honorable) \$78.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2023 \$50.00 Phillips, Marcella Contributor address; City; State; Zip Code Austin, TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2023 \$100.00 Piner, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78729 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 18/26 Rpt: 21/78 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/30/2023 Priner, Elizabeth 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instruction) 9 Amount of Contribution (\$) 06/30/2023 Poursamadi, Amir Out-of-state PAC (ID#: |
|---|
| Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Amount of Contribution (\$) 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$35 06/26/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) <t< td=""></t<> |
| Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor in out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 9 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 06/30/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$35 06/26/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$35 06/26/2023 Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$) \$35 06/26/2023 Powers, Kristine Contributor add |
| 06/30/2023 Piner, Elizabeth \$50 6 Contributor address; City; State; Zip Code \$50 Austin, TX 78729 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/30/2023 Poursamadi, Amir Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$39 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code Amount of Contribution (\$) |
| 6 Contributor address; City; State; Zip Code Austin, TX 78729 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0ate Full name of contributor 06/30/2023 Poursamadi, Amir Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78717 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) O6/26/2023 Powers, Kristine |
| 6 Contributor address; City; State; Zip Code Austin, TX 78729 Austin, TX 78729 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/30/2023 Poursamadi, Amir |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/30/2023 Poursamadi, Amir \$25 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78717 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/30/2023 Poursamadi, Amir \$25 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78717 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25 06/30/2023 Poursamadi, Amir \$25 Contributor address; City; State; Zip Code \$26 Austin, TX 78717 Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor O6/26/2023 Powers, Kristine Contributor address; City; State; Zip Code Amount of Contribution (\$) State Full name of contributor O6/26/2023 Fowers, Kristine Contributor address; City; State; Zip Code Amount of Contribution (\$) |
| 06/30/2023 Poursamadi, Amir \$25 Contributor address; City; State; Zip Code \$26 Austin, TX 78717 Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code \$35 |
| 06/30/2023 Poursamadi, Amir \$25 Contributor address; City; State; Zip Code \$26 Austin, TX 78717 Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code \$35 |
| Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code |
| Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Od/26/2023 Powers, Kristine Contributor address; City; State; Zip Code |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code \$39 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code \$39 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Powers, Kristine Contributor address; City; State; Zip Code \$39 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/26/2023 Powers, Kristine \$39 Contributor address; City; State; Zip Code \$39 |
| 06/26/2023 Powers, Kristine \$39 Contributor address; City; State; Zip Code |
| 06/26/2023 Powers, Kristine \$39 Contributor address; City; State; Zip Code |
| Contributor address; City; State; Zip Code |
| |
| |
| |
| Cedar Park, TX 78613 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) |
| |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) |
| 06/28/2023 Raymond, Nick \$40 |
| Contributor address; City; State; Zip Code |
| |
| |
| Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) |
| Principal occupation / Job title (See instructions) |
| |
| |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2023 Reames, Joan \$78 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2023 Reames, Joan \$78 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2023 Reames, Joan \$78 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2023 Reames, Joan \$78 Contributor address; City; State; Zip Code \$100 \$100 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2023 Reames, Joan \$78 Contributor address; City; State; Zip Code 4ustin, TX 78750 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2023 Reames, Joan \$78 Contributor address; City; State; Zip Code 4ustin, TX 78750 |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/26 Rpt: 22/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2023 Reedholm, Joe \$100.00 6 Contributor address; City; State; Zip Code Georgetown, TX 78633 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 Reynolds, Joseph \$125.00 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/22/2023 \$78.00 Richardson, Austin Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2023 \$250.00 Rife, Lynda Contributor address; City; State; Zip Code Austin, TX 78745-1043 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2023 \$78.00 Romans, Francesca (The Honorable) Contributor address; City; State; Zip Code Leander, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDU The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 20/26 Rpt: 23/78 2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commiss 00069589 4 Data 5 diagraphic function form

| | | | | | Sch: 20/26 Rpt: 23/78 | |
|---|----------------|--|------------------------------|---|-----------------------------|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Bucy III, Joh | n H. (The Honorable) | | | 00069589 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | :) | 7 | Amount of Contribution (\$) | |
| | 06/23/2023 | Sanchez, Doris | | | | \$39.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78729 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 06/26/2023 | Sauer, Kevin | | | | \$50.00 |
| | | | | | | |
| | | ,,, | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 06/30/2023 | Schlabach, Amy | | | | \$100.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Cedar Park, TX 78613 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | • *:) | | Amount of Contribution (\$) | |
| | 06/19/2023 | Sethi, Pooja | | | | \$39.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78731 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | • :) | | Amount of Contribution (\$) | |
| | 06/30/2023 | Shannon, Fred | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Government | Relations | Self-Employed | | | |
| | | | | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/26 Rpt: 24/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/26/2023 Shear, Michael \$39.00 6 Contributor address; City; State; Zip Code Cedar Park, TX 78641 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2023 Sheldon, Connie \$25.00 Contributor address; City; State; Zip Code The Hills, TX 78738-1341 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/26/2023 Simpson, Sheila \$100.00 Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2023 \$39.00 Smith, Anna (The Honorable) Contributor address; City; State; Zip Code Leander, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$50.00 Smith, Marie Contributor address; City; State; Zip Code Georgetown, TX 78628 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/26 Rpt: 25/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/26/2023 Soliz, Jesse \$125.00 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2023 Soliz-Chapa, Jacqueline \$125.00 Contributor address; City; State; Zip Code Austin, TX 78621 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/23/2023 Stempko, Paul \$78.00 Contributor address; City; State; Zip Code Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2023 \$5.00 Stoddard, Mark Contributor address; City; State; Zip Code Austin, TX 78723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$100.00 Storie, William Contributor address; City; State; Zip Code Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/26 Rpt: 26/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2023 Strucke, William \$25.00 6 Contributor address; City; State; Zip Code Georgetown, TX 78628 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/28/2023 Talarico, James (The Honorable) \$39.00 Contributor address; City; State; Zip Code Austin, TX 78728 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/29/2023 Talarico, Tamara \$78.00 Contributor address; City; State; Zip Code Austin, TX 78728 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/28/2023 \$39.00 Telles, Jr., Ramon Contributor address; City; State; Zip Code Austin, TX 78729 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/27/2023 \$20.23 Thomas, Robert Contributor address; City; State; Zip Code Georgetown, TX 78628 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | | | _ | | |
|----------------------|--|---|----------------------|-----------------------------------|----|---|----------------|
| | The Instru | ction Guide explains how to co | omplete this fo | orm. | 1 | Total pages Schedule A1: Sch: 24/26 Rpt: 27/78 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | n H. (The Honorable) | | | - | 00069589 | |
| 4 | Date | 5 Full name of contributor out | t-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 06/25/2023 | Torres, George C | | | | | \$125.00 |
| | | 6 Contributor address; City; State; Zip | ρ Code | | | | |
| | | | | | | | |
| | | Austin, TX 78729 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | ! | 9 Employer (See Instructions |) | | |
| | | | | | | | |
| | Date | Full name of contributor | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2023 | Tucker, Clayton | | | | | \$39.00 |
| | | Contributor address; City; State; Zip | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Lampasas, TX 76550 | r | | Ĺ | | |
| | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| _ | Data | Full name of contributor | | | _ | Amount of Contribution (\$) | |
| | Date 06/28/2023 | Valenzuela, Joe | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | 00/20/2025 | | | | | | φ200.00 |
| | Contributor address; City; State; Zip Code | |) Code | | | | |
| | | | | | | | |
| Round Rock, TX 78665 | | | | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instruct | | | | | | |
| | | | | | | | |
| | Date | Full name of contributor | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2023 | Vandiver, Gary | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip | | | | | |
| | | | | | | | |
| | | | | | | | |
| | D 1 1 1 1 1 1 1 1 1 1 | Alexandria, VA 22304 | T | | Ļ | | |
| | Principal occu Computer Pr | Ipation / Job title (See Instructions) | | Employer (See Instructions ECS |) | | |
| _ | • | | <u> </u> | EC3 | _ | | |
| | Date | | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | #250.00 |
| | 06/26/2023 | Vo, Van | | | | | \$250.00 |
| | | Contributor address; City; State; Zip |) Code | | | | |
| | | | | | | | |
| | | Cedar Park, TX 78613 | | | | | |
| | Principal occu | I pation / Job title (See Instructions) | T | Employer (See Instructions | ;) | | |
| | | · . | | • • | | | |
| | | | L | | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/26 Rpt: 28/78 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Bucy III, John H. (The Honorable) 00069589 5 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/27/2023 Vogas, Joseph \$39.00 6 Contributor address; City; State; Zip Code Round Rock, TX 78665 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2023 \$78.00 Walker, Ashley Contributor address; City; State; Zip Code Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/20/2023 Weinberg, David \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/26/2023 \$39.00 Wooten, Kennon Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$250.00 Yawn, Gail Contributor address; City; State; Zip Code Round Rock, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 26/26 Rpt: 29/78 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 06/26/2023 \$39.00 de la Cruz, San Juanita 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|----------|---|---------------|--|-------------------------------------|--|-----|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide | | Office Ove Polling Exp Printing Ex Salaries/W | head/Re ense pense ages/Co | Reimbursement ental Expense ontract Labor this form. | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | • | | <u> </u> | | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 1/46 Rpt: 30/78 | | Bucy III, John H. (The Honorat | ole) | | | | | 00069589 | (Lunos Commosient no.2, |
| 4 | Date 06/25/2023 | | Payee name ActBlue | | | | | | | |
| 6 | | | | Ctoto | · Zin Co | 10 | | | | |
| 6 | Amount (\$) \$865.12 | | Payee address; City; 366 Summer St | State; | ; Zip Co | le | | | | |
| | | <u> </u> | Somerville, MA 02144 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top Accounting/Banking | p of this sch | iedule) | | 4 | TX, | de of Texas. Comp officeholder living ESSING fees | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name | C | Office sou | jht | | | Office he | łd |
| | Date | | Payee name | | | | | | | |
| | 06/30/2023 | | ActBlue | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | le | | | | |
| | \$418.01 | | 366 Summer St Somerville, MA 02144 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top Accounting/Banking | p of this sch | iedule) | | - | TX, | de of Texas. Comp officeholder living essing fees | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | jht | | | Office he | ld |
| | Date | | Payee name | | | | | | | |
| | 01/30/2023 | | Action Network | | | | | | | |
| | Amount (\$) \$10.00 | | Payee address; City; 1900 L St NW #900 Washington, DC 20036 | State; | ; Zip Co | le | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top Advertising Expense | p of this sch | iedule) | E | 4 | TX, | de of Texas. Comp officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | (| Office sou | Jht | | | Office he | ld |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|--|-------------|--|------------------------------------|--------------------------------|-------|---|-----------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e | | Office Ove Polling Exp Printing Ex Salaries/W | rhead/ pense pense ages/0 | Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | i Filers) |
| | Sch: 2/46 Rpt: 31/78 | | Bucy III, John H. (The Honorabl | e) | | | | | 00069589 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/27/2023 | | Action Network | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | de | | | | |
| | \$10.00 | | 1900 L St NW | | | | | | | |
| | | | #900 | | | | | | | |
| | | | Washington, DC 20036 | | | | | | | |
| 8 | PURPOSE | (a) | - | | | (h) | Description | | | |
| ľ | OF | (") | Category (See Categories listed at the top Advertising Expense | of this sch | iedule) | [| | outsi | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | | İ | | | officeholder living expense | |
| | | | | | | Ī | Email service | 9 | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | C | Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | | | |
| | 03/27/2023 | | Action Network | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | | |
| | \$10.00 | | 1900 L St NW | | | | | | | |
| | #900 | | | | | | | | | |
| | | | Washington, DC 20036 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top Advertising Expense | of this sch | iedule) | [| | , TX, | de of Texas. Complete Schedule T. officeholder living expense | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name | C | Dffice sou | ght | | | Office held | |
| | Date | | Payee name | | | | | | | |
| | 04/26/2023 | | Action Network | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | | |
| | \$10.00 | | 1900 L St NW | | | | | | | |
| | | | #900 | | | | | | | |
| | | | Washington, DC 20036 | | | | | | | |
| | 5055005 | | 3 | | | (1) | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top Advertising Expense | of this sch | nedule) | (0) 1 | Description Check if travel of | outsi | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | Adventising Expense | | | Ĭ | | , TX, | officeholder living expense | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name | (| Office sou | ght | | | Office held | |
| | expenditure to benefit C/OI | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 3/46 Rpt: 32/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | | |
| 4 | Date | Payee name | | | | | | | | |
| | 05/26/2023 | Action Network | | | | | | | | |
| | Amount (\$) 7 Payee address; City; State; Zip Code \$10.00 L St NW #900 Washington, DC 20036 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email service | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/26/2023 | Action Network | | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$21.00 1900 L St NW #900 #900 Washington, DC 20036 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ə | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/05/2023 | Amazon | | | | | | | | |
| | Amount (\$) \$165.09 | Payee address;City;State;Zip Code410 Terry Ave N | | | | | | | | |
| | | Seattle, WA 98109 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense es, extension cord, cord covers | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|----------|--|---|------------|------------------|----------------------------|--|--------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | Inmittee Legal Services | Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir | | | ense | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above) | se |
| | | — | | explains | how to cor | nplete this form | | 3 Filer ID (Ethics Commission F | |
| 1 | Total pages Schedule F1: | | | | | | | | ilers) |
| | Sch: 4/46 Rpt: 33/78 | <u> </u> | Bucy III, John H. (The Honorabl | 00069589 | | | | | |
| 4 | Date 01/05/2023 | 5 | Payee name Amazon | | | | | | |
| 6 | Amount (\$) \$21.63 | | Payee address; City; 410 Terry Ave N Seattle, WA 98109 | State | ; Zip Co | de | | | |
| 8 | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cord cover | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | (| Office sou | Jht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 01/07/2023 | | Amazon | | | | | | |
| | Amount (\$) \$21.64 | | Payee address; City; 410 Terry Ave N | State | ; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | <u> </u> | Seattle, WA 98109 Category (See Categories listed at the top Office Overhead/Rental Expens | | nedule) | | f travel ou f Austin, T | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | (| Office sou | Jht | | Office held | |
| | Date | | Payee name | | | - | | | |
| | 01/07/2023 | | Amazon | | | | | | |
| | Amount (\$) \$34.63 | | Payee address; City; 410 Terry Ave N | State | ; Zip Co | de | | | |
| | | | Seattle, WA 98109 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top Office Overhead/Rental Expens | | iedule) | | f travel ou f Austin, T | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | Jht | | Office held | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|-----------------------------------|---|-----|--|-----------|------------|----------|---|-----|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule F1: | | | • | | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| 1 | Sch: 5/46 Rpt: 34/78 | | | | | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/13/2023 | | Amazon | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; S | State; | Zip Co | le | | | | | |
| | \$47.62 | | 410 Terry Ave N | | | | | | | | |
| | | | | | | | | | | | |
| | | | Seattle, WA 98109 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of th | nis sched | dule) | (b) Desc | ription | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | , | | | | de of Texas. Complete Schedule T. | | |
| | | | | | | | | | officeholder living expense | | |
| | | | | | | Ollic | e supplie | s | | | |
| _ | | | And data (Office helder respect | 01 | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Of | ffice sou | Int | | | Office held | | |
| | Date | | Payee name | | | | | | | | |
| | 03/20/2023 | | Amazon | | | | | | | | |
| | Amount (\$) | | Payee address; City; S | State; | Zip Co | le | | | | | |
| | \$15.01 | | 410 Terry Ave N | | | | | | | | |
| | | | | | | | | | | | |
| | | | Seattle, WA 98109 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of th | nis sched | dule) | (b) Desc | • | | | | |
| EXPENDITURE | | | Office Overhead/Rental Expense | | | | | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | | | | | | | nen suppl | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Of | ffice soug | Iht | | | Office held | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| - | Date | | Payee name | | | | | | | | |
| | 03/20/2023 | | Amazon | | | | | | | | |
| - | Amount (\$) | | Payee address; City; S | State: | Zip Co | le | | | | | |
| | \$17.31 | | 410 Terry Ave N | , | | | | | | | |
| | | | | | | | | | | | |
| | | | Seattle, WA 98109 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of th | nis sched | dule) | (b) Desc | • | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | | de of Texas. Complete Schedule T. | | |
| | - | | | | | | neck if Austin, nen suppl | | officeholder living expense | | |
| | | | | | | NILLI | ien suppi | 162 | | | |
| | Complete ONLV if direct | Ļ | Candidate/Officeholder name | | fice soug | ıht | | | Office held | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | U | nice sou(| µ it | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|---|-------|------------|------|------------------------------------|-------------------------------|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Gift/Awards/Memorials Expense Printing Expense | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Sabadula E1 | 2 | · · · | 115 | 000 10 00 | ihic | | 1 | Eiler ID (Ethics Commission Eilere) | | | |
| 1 | Total pages Schedule F1: Sch: 6/46 Rpt: 35/78 | Z | FILER NAME 3 Filer ID (Ethics Commission Filer Bucy III, John H. (The Honorable) 00069589 | | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/01/2023 | | Amazon | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$60.76 | | 410 Terry Ave N | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Seattle, WA 98109 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this | aabad | | (b) | Description | | | | | |
| - | OF | (, | Office Overhead/Rental Expense | sched | ule) | ~, | · · | outsi | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | | | Check if Austin | , TX, | , officeholder living expense | | | |
| | | | | | | | Office supplie | es | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Off | fice soug | ht | | | Office held | | | |
| | Date | | Payee name | | | | | | | | | |
| | 01/06/2023 | | Boost Mobile | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code \$35.00 9060 Irvine Center Dr | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Irvine, CA 92618 | | | | | | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Pental Expanse Check if travel outside of Texas. Complete Schedule T. | | | | | | | ide of Texas. Complete Schedule T. | | | | | |
| EXPENDITURE | | | Office Overhead/Rental Expense | | | | | , officeholder living expense | | | | |
| | | | | | | | Campaign ph | none | e | | | |
| | | | | | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | | Candidate/Officeholder name Office sought Office held H | | | | | | | | | |
| - | Date | | Payee name | | | | | | | | | |
| | 02/07/2023 | | Boost Mobile | | | | | | | | | |
| - | Amount (\$) | | | ate. | Zip Cod | le | | | | | | |
| | \$35.00 | | 9060 Irvine Center Dr | nc, | 210 000 | | | | | | | |
| | φ35.00 | | | | | | | | | | | |
| | | | Irvine, CA 92618 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this | sched | dule) | (b) | Description | | | | | |
| | | | | | | | | | | | | |
| | | Campaign phone | | | | | | | | | | |
| | | | | | | | campaign pi | 1011 | | | | |
| _ | Complete ONIL V if direct | Ļ | Candidate/Officeholder name | 0 | fico coura | h+ | | | Office held | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | anuiuale/Onicenoiuer name | On | fice soug | rit | | | Office field | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|--|--|-----|---|--------------------|---|----------------------------|--------|--|-------------------------------------|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment | | | | orials Expense | Office Overh Polling Expe Printing Exp Salaries/Wa | ense ges/Contract Labor | | Travel in District Travel Out of District | oment & Related Expense | | | |
| | - | | | n Guide explains ł | how to com | plete this form. | | | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 7/46 Rpt: 36/78 | | Bucy III, John H. (The F | lonorable) | | | | 00069589 | | | | |
| 4 | Date 03/07/2023 | 5 | Payee name Boost Mobile | | | | | | | | | |
| 6 | Amount (\$) \$35.00 | | Payee address; City; 9060 Irvine Center Dr Irvine, CA 92618 | State; | Zip Cod | e | | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign phone | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder nam | e C | Office soug | ht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| 04/07/2023 | | | Boost Mobile | | | | | | | | | |
| | Amount (\$) \$35.00 | | Payee address; City; 9060 Irvine Center Dr | State; | Zip Cod | e | | | | | | |
| | | | Irvine, CA 92618 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories liste Office Overhead/Rental | | edule) (| | n, TX, | de of Texas. Complete officeholder living exp e | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder nam | e C | Office soug | ht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/08/2023 | | Boost Mobile | | | | | | | | | |
| | Amount (\$) \$35.00 | | Payee address; City; 9060 Irvine Center Dr | State; | Zip Cod | e | | | | | | |
| | | | Irvine, CA 92618 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories liste Office Overhead/Rental | | edule) (| | n, TX, | de of Texas. Complete officeholder living exp e | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder nam | e C | Office soug | ht | | Office held | | | | |
| | | | | | | | | | | | | |

| | | | | EXPENDIT | URE CATEGO | RIES FOF | вох | 8(a) | | | | |
|---|---|-----|---------------|---|------------------------|---|---------------------------------------|---|--------|--|--------------|--------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services | rials Expense | Office Ove Polling Ex Printing Ex Salaries/W | rhead/R bense pense 'ages/Co | Reimbursement ental Expense ontract Labor | | Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a | quipment & | Related Expense |
| Ļ | | - | | | Guide explains | how to co | nplete | | | ·· .= | | , |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | Filer ID | (Ethics C | commission Filers) |
| | Sch: 8/46 Rpt: 37/78 | | Bucy III, Jo | hn H. (The Ho | onorable) | | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/06/2023 | | Boost Mobi | le | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | ; Zip Co | de | | | | | |
| | \$35.00 | | 9060 Irvine | Center Dr | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Irvine, CA 9 | 2618 | | | | | | | | |
| 8 | PURPOSE | (a) | Category | an Catagorian listed | at the top of this sch | adula) | (b) D | escription | | | | |
| Ū | OF | , | | head/Rental | | iedule) | (, D | | outsic | de of Texas. Com | plete Schedı | ule T. |
| | EXPENDITURE | | | | _,,pooo | | Ē | Check if Austin, | , TX, | officeholder living | expense | |
| | | | | | | | С | ampaign ph | one | e | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | ceholder name | · (| Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 01/31/2023 | | Burke, Kyle | | | | | | | | | |
| _ | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | | |
| | \$500.00 | | | us Abrams Blv | | , <u> </u> | ao | | | | | |
| | \$000100 | | 2200 1110100 | | | | | | | | | |
| | | | Austin, TX | 78748 | | | | | | | | |
| | PURPOSE OF | (a) | Category (S | ee Categories listed | at the top of this sch | nedule) | (b) D | escription | | | | |
| | EXPENDITURE | | Salaries/Wa | ages/Contrac | t Labor | | Ļ | _ | | de of Texas. Com officeholder living | | ule T. |
| | | | | | | | | gislative sa | | | | |
| | | | | | | | L. | eyisialive sa | uar | y supplement | ii. | |
| _ | Complete ONLY if direct | | Candidato/Off | ceholder name | | Office sou | abt | | | Office he | Nd | |
| | expenditure to benefit C/OI | | | | | Since Sou | JII | | | Oncent | | |
| | _ | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/28/2023 | | Burke, Kyle | | | | | | | | | |
| | Amount (\$) | | Payee addre | | | ; Zip Co | de | | | | | |
| | \$500.00 | | 2203 Marcı | is Abrams Blv | /d | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX | 78748 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed | at the top of this sch | nedule) | (b) D | escription | | | | |
| | OF EXPENDITURE | | Salaries/Wa | ages/Contrac | t Labor | ŗ | | _ | | de of Texas. Com | | ule T. |
| | EXPENDITORE | | | | | | Ē | | | officeholder living | | |
| | | | | | | | L | egislative sa | lar | y suppleme | nt | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ceholder name | . (| Office sou | ght | | | Office he | eld | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| 1 | Sch: 9/46 Rpt: 38/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | | |
| 4 | Date | Payee name | | | | | | | | |
| | 03/31/2023 | Burke, Kyle | | | | | | | | |
| 6 | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd Austin, TX 78748 | | | | | | | | |
| 8 | PURPOSE | a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | utside of Texas. Complete Schedule T. TX, officeholder living expense l ary supplement | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 04/30/2023 | Burke, Kyle | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$500.00 | 2203 Marcus Abrams Blvd Austin, TX 78748 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense lary supplement | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/31/2023 | Burke, Kyle | | | | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd | | | | | | | | |
| | | Austin, TX 78748 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense lary supplement | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | | EXPENDITURE CATEGORIE | ES FOR BOX 8(a) | |
|---|---|--|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F mmittee Legal Services S | oan Repayment/Reimbursement Office Overhead/Rental Expense Volling Expense Printing Expense Salaries/Wages/Contract Labor W to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| _ | T tal server Oakadula E1. | The Instruction Guide explains ho | · · · · | |
| 1 | Total pages Schedule F1: Sch: 10/46 Rpt: 39/78 | FILER NAME Bucy III, John H. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00069589 00069589 |
| 4 | Date | Payee name | | |
| | 06/29/2023 | Burke, Kyle | | |
| 6 | Amount (\$) \$500.00 | Payee address; City; State; 2203 Marcus Abrams Blvd Austin, TX 78748 | Zip Code | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedu | (b) Description | |
| - | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense lary supplement |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Off | ice sought | Office held |
| | Date | Payee name | | |
| | 04/18/2023 | Campaign Verify | | |
| | Amount (\$) | Payee address; City; State; | Zip Code | |
| | \$95.00 | 1215 31st St NW | | |
| | | P.O. Box 3554 Washington, DC 20007 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu Fees | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense Verification |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Off | ice sought | Office held |
| | Date | Payee name | | |
| | 02/21/2023 | Capital City Bakery | | |
| | Amount (\$) | Payee address; City; State; | Zip Code | |
| | \$31.50 | 2211 E. Cesar Chavez St | | |
| | _ | Austin, TX 78702 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu Food/Beverage Expense | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Off | ice sought | Office held |
| | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|---|-------------------------------------|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - | office Ov pense Polling Expense Printing E | , xpense Vages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | LER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 11/46 Rpt: 40/78 | ucy III, John H. (The Ho | norable) | | 00069589 | | | | | |
| 4 | Date | ayee name | | | • | | | | | |
| | 04/27/2023 | edar Park Chamber of (| Commerce | | | | | | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Co | de | | | | | | |
| | \$100.00 | 460 E. Whitestone Blvd | | | | | | | | |
| | | te. 180 | | | | | | | | |
| | | edar Park, TX 78613 | | | | | | | | |
| 8 | PURPOSE | ategory (See Categories listed | | (b) Description | | | | | | |
| - | OF EXPENDITURE | ffice Overhead/Rental E | | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense ES | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | | |
| | Date | ayee name | | | | | | | | |
| | 01/09/2023 | ostCo | | | | | | | | |
| | Amount (\$) | ayee address; City; | State; Zip Co | de | | | | | | |
| | \$133.65 | 601 183A Toll Rd Cente edar Park, TX 78613 | r | | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed ood/Beverage Expense | at the top of this schedule) | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense ening Day | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | | |
| | Date | ayee name | | | | | | | | |
| | 02/06/2023 | ostCo | | | | | | | | |
| | Amount (\$) \$75.13 | ayee address; City; 601 183A Toll Rd Cente | State; Zip Co r | de | | | | | | |
| | | edar Park, TX 78613 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed ood/Beverage Expense | at the top of this schedule) | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense S and drinks | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | | |
| | | | | | | | | | | |

| | | | EXPENDITU | JRE CATEGOF | RIES FOR | BOX 8(a) | | | | |
|---|---|---|--|-------------------------|---|-----------------------------|--------|---|-----------------------|-----------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | als Expense | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contract Labor | | Travel in District Travel Out of Dist | uipment & Related Exp | |
| | - | | | Guide explains l | how to con | plete this form. | | | | |
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | (Ethics Commission | n Filers) |
| | Sch: 12/46 Rpt: 41/78 | | ucy III, John H. (The Ho | norable) | | | | 00069589 | | |
| 4 | Date 03/13/2023 | | ayee name costCo | | | | | | | |
| 6 | Amount (\$) \$129.35 | | ayee address; City; 601 183A Toll Rd Cente | | ; Zip Coc | e | | | | |
| | | C | edar Park, TX 78613 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | ategory (See Categories listed a ood/Beverage Expense | at the top of this sche | edule) | | I, TX, | de of Texas. Comp officeholder living nd drinks | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Officeholder name | C | Office soug | ht | | Office he | ld | |
| | Date | Р | ayee name | | | | | | | |
| | 04/04/2023 | c | ostCo | | | | | | | |
| | Amount (\$) \$66.74 | | ayee address; City; 601 183A Toll Rd Cente | | ; Zip Coc | e | | | | |
| | | c | edar Park, TX 78613 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories listed a ood/Beverage Expense | at the top of this sche | edule) | | ı, TX, | de of Texas. Comp officeholder living nd drinks | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ndidate/Officeholder name | C | Office soug | ht | | Office he | ld | |
| | Date | Р | ayee name | | | | | | | |
| | 05/01/2023 | c | costCo | | | | | | | |
| | Amount (\$) \$143.18 | | ayee address; City; 601 183A Toll Rd Cente | | Zip Coc | e | | | | |
| | | c | edar Park, TX 78613 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories listed a ood/Beverage Expense | at the top of this sche | edule) | | I, TX, | de of Texas. Comp officeholder living nd drinks | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ndidate/Officeholder name | C | Office soug | ht | | Office he | ld | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| - | Sch: 13/46 Rpt: 42/78 | Bucy III, John H. (The Honorable) 00069589 | | | | | | | | |
| 4 | Date 02/03/2023 | 5 Payee name Criminal Justice Reform Caucus | | | | | | | | |
| 6 | Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 7344 Golden Sage Dr El Paso, TX 79911 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Caucus dues | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/28/2023 | Cupprimo | | | | | | | | |
| | Amount (\$) \$120.08 | Payee address; City; State; Zip Code 8650 Spicewood Springs Rd #105 Austin, TX 78759 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cupcakes for event | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 05/12/2023 | Donna Howard Campaign | | | | | | | | |
| | Amount (\$) \$50.00 | Payee address;City;State;Zip CodeP.O. Box 5375 | | | | | | | | |
| | | Austin, TX 78763 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee Chair Gift - Health Care Reform | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---------------|---|---|------------------------------|------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - Il Con | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 14/46 Rpt: 43/78 | | Bucy III, John H. (The Honorable) | | | | 00069589 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/18/2023 | | Door Dash | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | ; Zip Co | de | | | | | | |
| | \$103.80 | | 303 2nd St | | | | | | | | |
| | | | Ste. 800 | | | | | | | | |
| | | | San Francisco, CA 94107 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | edule) | (b) Description | | | | | | |
| | OF | | Food/Beverage Expense | cuuic) | | outs | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | 3 1 | | | , TX | , officeholder living expense | | | | |
| | | | | | Office lunch | | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | Jht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 02/16/2023 | | Early Chilhood Caucus | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | ; Zip Co | de | | | | | | |
| | \$250.00 | | P.O. Box 2910 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Austin, TX 78768 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Fees | edule) | | , тх | ide of Texas. Complete Schedule T. , officeholder living expense | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name C | Office sou | yht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/19/2023 | | Erin Zwiener for Texas House | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | ; Zip Co | de | | | | | | |
| | \$1,000.00 | | P.O. Box 184 | , 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | Driftwood, TX 78619 | | | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | edule) | (b) Description | | ide of Towar, Complete Ortestide T | | | | |
| | EXPENDITURE | | Contributions/Donations Made By | ittoo | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | |
| | | | Candidate/Officeholder/Political Comm | lillee | Campaign Co | | | | | | |
| | | | | | | | | | | | |
| - | Complete ONLY if direct | <u>ر</u> | candidate/Officeholder name C | Office sou | iht | | Office held | | | | |
| | expenditure to benefit C/Oł | | | 2.1100 000 | ···· | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|----------|---|--|------------------------------|------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | · · · · | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 15/46 Rpt: 44/78 | 2 | Bucy III, John H. (The Honorable) | 00069589 | | | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 02/21/2023 | | Frank Ortega | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | | |
| | \$250.00 | | 2615 Eastwood Ln | | | | | | |
| | | | Round Rock, TX 78664 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | ide of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Commi | ittee | | | , officeholder living expense | | |
| | | | | | Campaign C | ont | ribution | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office sou | lht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 05/02/2023 | | Gannett | | | | | | |
| _ | Amount (\$) | - | Payee address; City; State; | Zip Co | le | | | | |
| | \$1.06 | | 7950 Jones Branch Dr | | | | | | |
| | φ1.00 | | rood dones branch br | | | | | | |
| | | | McLean, VA 22107 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | , тх | ide of Texas. Complete Schedule T. , officeholder living expense SCription | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office sou | lht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 01/17/2023 | | Google LLC | | | | | | |
| | Amount (\$) | - | Payee address; City; State; | Zip Co | le | | | | |
| | \$19.19 | | 1600 Amphitheatre Pkwy | 2.0 00 | | | | | |
| | Ψ13.15 | | 1000 / mpinineare r kwy | | | | | | |
| | | | Mountain View, CA 94043 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| - | Complete ONLY if direct | <u>ر</u> | Candidate/Officeholder name O | office soug | iht | | Office held | | |
| | expenditure to benefit C/OI | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|----------|---|--------|--|------------------------------|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide | | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schodule F1: | 2 | | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| 1 | Total pages Schedule F1: Sch: 16/46 Rpt: 45/78 | | Bucy III, John H. (The Honora | ble) | | | 3 | Filer ID (Ethics Commission Filers) 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/01/2023 | | Google LLC | | | | | | | |
| 6 | Amount (\$) | | Payee address; City; | State; | Zip Co | de | | | | |
| | \$16.08 | | 1600 Amphitheatre Pkwy | | | | | | | |
| | | <u> </u> | Mountain View, CA 94043 | | | | | | | |
| 8 | PURPOSE OF | | Category (See Categories listed at the to | | edule) | (b) Description | | | | |
| | EXPENDITURE | | Office Overhead/Rental Exper | ıse | | | | side of Texas. Complete Schedule T. K, officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ght | | Office held | | |
| | Data | <u> </u> | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 03/01/2023 | | Google LLC | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | de | | | | |
| | \$12.79 | | 1600 Amphitheatre Pkwy | | | | | | | |
| | | | Mountain View, CA 94043 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Office Overhead/Rental Exper | | edule) | | | side of Texas. Complete Schedule T. K, officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 04/03/2023 | | Google LLC | | | | | | | |
| | Amount (\$) | | Payee address; City; | State: | Zip Co | de | | | | |
| | \$12.79 | | 1600 Amphitheatre Pkwy | | | | | | | |
| | | | Mountain View, CA 94043 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the to Office Overhead/Rental Exper | | edule) | | | side of Texas. Complete Schedule T. K, officeholder living expense | | |
| ļ | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ght | | Office held | | |
| | | | | | | | | | | |

| | | | | EXPENDITU | JRE CATEGO | RIES FOR | BOX 8(a) | | | | | |
|---|---|----------|------------------------------|---|----------------------------------|--|------------------------|---------------------------------|-------|--|--------------|------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services | als Expense | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract | Expense Labor | | Solicitation/Funda Transportation Ed Travel in District Travel Out of Dis OTHER (enter a | quipment & R | elated Expense |
| | | | | The Instruction | Guide explains | how to cor | nplete this f | | | | | |
| 1 | Total pages Schedule F1: Sch: 17/46 Rpt: 46/78 | 1 | | n H. (The Ho | norable) | | | | I | Filer ID 00069589 | (Ethics Co | mmission Filers) |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/01/2023 | | Google LLC | | | | | | | | | |
| 6 | Amount (\$) \$12.79 | | - | s; City; theatre Pkwy ew, CA 94043 | | ; Zip Co | le | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this sch | iedule) | (b) Descri | ption | | | | |
| | OF EXPENDITURE | | | ead/Rental E | | | | ck if Austin, | | le of Texas. Comp officeholder living | | э Т. |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | C | Office sou | Jht | | | Office he | ld | |
| | Date | | Payee name | | | | | | | | | |
| | 06/01/2023 | | Google LLC | | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | ; Zip Co | le | | | | | |
| | \$12.79 | | - | theatre Pkwy ew, CA 94043 | 3 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | e Categories listed a lead/Rental E | at the top of this sch XPENSE | edule) | | ck if travel o ck if Austin, | | le of Texas. Comp officeholder living | | э Т. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | C | Office sou | Jht | | | Office he | ld | |
| | Date | | Payee name | - | | | | | | | | |
| | 01/31/2023 | | Groff, Sara | | | | | | | | | |
| | Amount (\$) \$500.00 | | Payee addres 817 Bogart I | | State; | ; Zip Co | le | | | | | |
| | | <u> </u> | Cedar Park, | | | · | | | | | | |
| | PURPOSE OF EXPENDITURE | | | e Categories listed a ges/Contract | at the top of this sch Labor | edule) | Che | ck if travel o ck if Austin, | , TX, | le of Texas. Comp officeholder living / Supplemer | expense | э Т. |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | C | Dffice sou | Jht | | | Office he | ld | |
| | | | | | | | | | | | | |

| | | | EXPENDIT | URE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|-----|---|-------------|-------------|-----------------|--------|--|---------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | Travel in District Travel Out of District | pment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (E | Ethics Commission Filers) |
| | Sch: 18/46 Rpt: 47/78 | | Bucy III, John H. (The H | onorable) | | | | 00069589 | |
| 4 | Date 02/28/2023 | | Payee name Groff, Sara | | | | | | |
| 6 | Amount (\$) \$500.00 | | Payee address; City; 817 Bogart Rd Cedar Park, TX 78613 | State; | ; Zip Coc | le | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed Salaries/Wages/Contrac | | edule) | Check if Austir | n, TX, | de of Texas. Complet , officeholder living exp y supplement | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | e C | Office soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 03/31/2023 | | Groff, Sara | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coc | le | | | |
| | \$500.00 | | 817 Bogart Rd Cedar Park, TX 78613 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed Salaries/Wages/Contrac | | edule) | Check if Austir | n, TX, | de of Texas. Complet , officeholder living exp y supplement | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | e C | Office soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 04/30/2023 | | Groff, Sara | | | | | | |
| | Amount (\$) \$500.00 | | Payee address; City; 817 Bogart Rd | State; | ; Zip Coc | le | | | |
| | | | Cedar Park, TX 78613 | | i | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed Salaries/Wages/Contrac | | iedule) | Check if Austir | ı, TX, | de of Texas. Complet officeholder living exp y supplement | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | e C | Office soug | ht | | Office held | |
| | | | | | | | | | |

| | | | EXPENDITURE | CATEGO | RIES FOR | BOX 8(a) | | | |
|---|---|-----|--|-----------------|---|----------------------------|--------|---|-----------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E mittee Legal Services The Instruction Guid | xpense | Office Overl Polling Expe Printing Exp Salaries/Wa | ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | Sch: 19/46 Rpt: 48/78 | | Bucy III, John H. (The Honor | able) | | | | 00069589 | |
| 4 | Date 05/31/2023 | 5 | Payee name | | | | | | |
| _ | | L | Groff, Sara | | | | | | |
| 6 | Amount (\$) \$500.00 | 7 | Payee address; City; 817 Bogart Rd Cedar Park, TX 78613 | State | ; Zip Cod | e | | | |
| 8 | PURPOSE | | | | | b) Deceriation | | | |
| 0 | OF EXPENDITURE | (d) | Category (See Categories listed at the Salaries/Wages/Contract Lab | | nedule) | Check if Austir | ı, TX, | ide of Texas. Complete Schedule T. , officeholder living expense ry supplement | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | (| Office soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 06/29/2023 | | Groff, Sara | | | | | | |
| _ | Amount (\$) | | Payee address; City; | State | ; Zip Cod | e | | | |
| | \$500.00 | | 817 Bogart Rd Cedar Park, TX 78613 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the Salaries/Wages/Contract Lab | | nedule) (| Check if Austir | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense ry supplement | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | (| Office soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 01/19/2023 | | HEB | | | | | | |
| | Amount (\$) \$65.88 | | Payee address; City; 12860 Research Blvd | State | ; Zip Cod | e | | | |
| | | | Austin, TX 78750 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the Food/Beverage Expense | top of this sch | nedule) (| | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense nd drinks | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | (| Office soug | ht | | Office held | |
| | | | | | | | | | |

| | | | EXPENDITURE | CATEGOF | RIES FOR | BO | X 8(a) | | | |
|---|---|-----|---|-----------------|--|------------------------------------|-------------------|--------|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guid | | Office Ove Polling Exp Printing Ex Salaries/W | rhead/ bense pense ages/(| Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | | | | | | 3 | Filer ID (Ethics Commission Filers) | |
| 1 | Sch: 20/46 Rpt: 49/78 | | Bucy III, John H. (The Honora | able) | | | | 3 | 00069589 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/14/2023 | | HEB | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Co | de | | | | |
| | \$26.02 | | 12860 Research Blvd | | | | | | | |
| | | | Austin, TX 78750 | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the t | top of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Beverage Expense | | | ļ | | | de of Texas. Complete Schedule T. | |
| | | | | | | l | | | officeholder living expense | |
| | | | | | | | Office snacks | an | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | C | Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | | | |
| | 04/04/2023 | | HEB | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | de | | | | — |
| | \$82.76 | | 12860 Research Blvd | | • | | | | | |
| | +0 <u></u> | | | | | | | | | |
| | | | Austin, TX 78750 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the t | top of this sch | edule) | ן (b) ז | Description | outcir | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | Food/Beverage Expense | | | Ī | | | officeholder living expense | |
| | | | | | | L (| Office snacks | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | | Dffice sou | thr | | | Office held | — |
| | expenditure to benefit C/Oł | | | | | JII | | | Once held | |
| | | i – | | | | | | | | _ |
| | Date | | Payee name | | | | | | | |
| | 04/25/2023 | | HEB | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | de | | | | |
| | \$101.76 | | 12860 Research Blvd | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78750 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the t | top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | | | Į | | | de of Texas. Complete Schedule T. | |
| | | | | | | L | | | officeholder living expense | |
| | | | | | | (| Office snacks | an | na arinks | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | C | Office sou | ght | | | Office held | |
| | expenditure to benefit C/OI | H | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | EXPENDITURE CA | TEGO | RIES FOF | R BO | X 8(a) | | |
|---|---|-----|---|-------------|---|------------------------------------|------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide expension | | Office Ove Polling Exp Printing Exp Salaries/W | rhead pense (pense /ages/ | Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | | - | | - | | 3 | Filer ID (Ethics Commission Filers) |
| - | Sch: 21/46 Rpt: 50/78 | | Bucy III, John H. (The Honorable | e) | | | | 5 | 00069589 |
| 4 | Date | 5 | Payee name | | | | | | |
| | 05/02/2023 | | HEB | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | de | | | |
| | \$12.20 | | 12860 Research Blvd | | | | | | |
| | | | Austin, TX 78750 | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of | of this sch | edule) | (b) | Description | | |
| | EXPENDITURE | | Food/Beverage Expense | | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | | l | Office snacks | | |
| | | | | | | | Unice Shacks | an | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | C | Office sou | ght | | | Office held |
| _ | Date | | Davias nama | | | | | | |
| | 06/01/2023 | | Payee name HEB | | | | | | |
| | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Co | de | | | |
| | \$125.92 | | 5808 Burnet Rd | | | | | | |
| | | | Austin, TX 78756 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Food/Beverage Expense | of this sch | iedule) | | | , тх, | de of Texas. Complete Schedule T. officeholder living expense nd drinks |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ght | | | Office held |
| | Date | Γ | Payee name | | | | | | |
| | 01/31/2023 | | Heinrich, Allison | | | | | | |
| - | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | |
| | \$500.00 | | 2301 Ohlen Rd | - 1 | • | | | | |
| | +000100 | | #107 | | | | | | |
| | | | | | | | | | |
| | | | Austin, TX 78757 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | of this sch | edule) | (b) | Description | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | Check if Austin, | , тх, | de of Texas. Complete Schedule T. officeholder living expense y supplement |
| - | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | (| Office sou | ght | | | Office held |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|-------------|------|--------------------------------|--------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 22/46 Rpt: 51/78 | | Bucy III, John H. (The Honorable) | | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/28/2023 | | Heinrich, Allison | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; S | tate; Zip (| Code | e | | | | |
| | \$500.00 | | 2301 Ohlen Rd | | | | | | | |
| | | | #107 | | | | | | | |
| | | | Austin, TX 78757 | | | | | | | |
| 8 | PURPOSE | | | | 10 | | | | | |
| ° | OF | (a) | Category (See Categories listed at the top of thi | s schedule) | 10 | Description Check if travel | outsi | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | | , officeholder living expense | | |
| | | | | | | Legislative s | alar | y supplement | | |
| | | | | | | - | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office s | ough | it | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 03/31/2023 | | Heinrich, Allison | | | | | | | |
| | Amount (\$) | | Payee address; City; S | tate; Zip (| Code | 9 | | | | |
| | \$500.00 | | 2301 Ohlen Rd | · • | | | | | | |
| | \$000100 | | #107 | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78757 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of thi Salaries/Wages/Contract Labor | s schedule) | (t | Check if Austir | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense 'Y Supplement | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | Office se | ough | nt | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 04/30/2023 | | Heinrich, Allison | | | | | | | |
| | Amount (\$) | | Payee address; City; S | tate; Zip (| Code | 2 | | | | |
| | \$500.00 | | 2301 Ohlen Rd | | oout | | | | | |
| | \$300.00 | | | | | | | | | |
| | | | #107 | | | | | | | |
| | | | Austin, TX 78757 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of thi | s schedule) | (k | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | Check if Austir | ı, TX, | ide of Texas. Complete Schedule T. , officeholder living expense Y supplement | | |
| - | Complete ONLY if direct | Ļ | Candidate/Officeholder name | Office s | | ht | | Office held | | |
| | expenditure to benefit C/OI | | | Unice S | Juyi | it. | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|---|-----------------|-------|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 23/46 Rpt: 52/78 | | Bucy III, John H. (The Honorable) | | | | 00069589 | | | |
| 4 | Date 05/31/2023 | 5 | Payee name Heinrich, Allison | | | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$500.00 2301 Ohlen Rd #107 Austin, TX 78757 | | | | | | | | | |
| 8 | 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative salary supplement | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | Jht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 06/28/2023 | | Heinrich, Allison | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | |
| | \$1,000.00 | | 2301 Ohlen Rd | | | | | | | |
| | | | #107 Austin, TX 78757 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Consulting Expense | edule) | Check if Austin | , TX, | de of Texas. Complete Schedule T. , officeholder living expense agement/consulting | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | jht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 06/29/2023 | | Heinrich, Allison | | | | | | | |
| | Amount (\$) \$500.00 | | Payee address; City; State; 2301 Ohlen Rd #107 Austin, TX 78757 | Zip Co | de | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor | edule) | Check if Austin | , тх, | de of Texas. Complete Schedule T. . officeholder living expense Y supplement | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | Jht | | Office held | | | |
| | | | | | | | | | | |

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

01/19/2023

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$1,000.00

Amount (\$)

Sch: 24/46 Rpt: 53/78

5

7

\$250.00

1

6

8

9

Date

06/19/2023

Amount (\$)

PURPOSE

OF

EXPENDITURE

4 Date

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy III, John H. (The Honorable) 00069589 Payee name Innovation & Technology Caucus of the Texas Legislature Payee address; City; State; Zip Code 815-A Brazos St #714 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees Check if Austin, TX, officeholder living expense Caucus dues Candidate/Officeholder name Office sought Office held Payee name Julie Johnson for Congress Payee address; City; State; Zip Code P.O. Box 802765 Dallas, TX 75380 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Candidate/Officeholder name Office sought Office hold

| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name | Office sought | Office held |
|--|--|--------------------------|---|
| Date 06/20/2023 | Payee name Long Branch Saloon | | |
| Amount (\$) \$350.00 | Payee address; City; 107 W. Main St Round Rock, TX 78664 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to Event Expense | op of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Room rental for event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name | Office sought | Office held |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| - | Sch: 25/46 Rpt: 54/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | |
| 4 | Date 06/27/2023 | 5 Payee name Long Branch Saloon | | | | | | | |
| 6 | Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 107 W. Main St Round Rock, TX 78664 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense Dr event | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 06/28/2023 | Long Branch Saloon | | | | | | | |
| | Amount (\$) \$460.13 | Payee address; City; State; Zip Code 107 W. Main St | | | | | | | |
| | | Round Rock, TX 78664 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 06/28/2023 | Long Branch Saloon | | | | | | | |
| | Amount (\$) \$390.75 | Payee address; City; State; Zip Code 107 W. Main St | | | | | | | |
| | | Round Rock, TX 78664 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense event | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITURE | CATEGOF | RIES FOR | BOX 8(a) | | | |
|---|---|---|--|-----------------|---|------------------------------|--------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ommittee | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid | | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Dist | uipment & Related Expense |
| 1 | Total pages Schedule F1: | · · · · | | | | | | Filer ID | (Ethics Commission Filers) |
| 1 | Sch: 26/46 Rpt: 55/78 | | = hn H. (The Honora | able) | | | 3 | 00069589 | |
| 4 | Date | Payee name | | | | | | | |
| | 01/04/2023 | Lowe's | | | | | | | |
| 6 | Amount (\$) \$29.18 | Payee addre 8000 Shoal Austin, TX | Creek Blvd | State; | Zip Coo | le | | | |
| 8 | PURPOSE | Category (S | ee Categories listed at the t | ton of this sch | edule) | b) Description | | | |
| | OF EXPENDITURE | | head/Rental Expe | | | Check if travel | n, TX, | de of Texas. Comp officeholder living plant | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Off | ceholder name | C | Office soug | ht | | Office he | ld |
| | Date | Payee name | | | | | | | |
| | 01/02/2023 | Michaels | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; | Zip Coo | le | | | |
| | \$48.70 | 14028 N. H Bldg C | wy 183 | | | | | | |
| | | Austin, TX | 78717 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the I head/Rental Expe | | edule) | | | de of Texas. Comp , officeholder living (| |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Off | iceholder name | C | Office soug | ht | | Office he | ld |
| F | Date | Payee name | | | | | | | |
| | 06/19/2023 | , | esa Campaign | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; | Zip Coo | le | | | |
| | \$1,000.00 | P.O. Box 79 | 96311 | | | | | | |
| | | Dallas, TX | | | | | | | |
| | PURPOSE OF EXPENDITURE | Contribution | ee Categories listed at the I ns/Donations Made Officeholder/Politic | е Ву | , | | ı, TX, | de of Texas. Comp , officeholder living : ribution | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Off | iceholder name | C | Office soug | ht | | Office he | ld |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|--|-------------|---|------------------------------------|--|--------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper nmittee Legal Services The Instruction Guide e | | Office Over Polling Exp Printing Ex Salaries/W | head/R ense pense ages/Co | Reimbursement iental Expense ontract Labor this form. | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 27/46 Rpt: 56/78 | | Bucy III, John H. (The Honorabl | le) | | | | | 00069589 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 01/18/2023 | | NGPVan, Inc | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | de | | | | |
| | \$341.12 | | 655 15th St. NW | | | | | | | |
| | | | Ste. 650 | | | | | | | |
| | | | Washington, DC 20005 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this sch | edule) | (b) D | escription | | | |
| | OF EXPENDITURE | | Solicitation/Fundraising Expens | | , | | | | de of Texas. Comp | |
| | | | | | | Ľ | - | | officeholder living | expense |
| | | | | | | D | atabase sof | lwa | lie | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | C | Dffice soug | ght | | | Office he | ld |
| | Date | | Payee name | | | | | | | |
| | 02/06/2023 | | NGPVan, Inc | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | de | | | | |
| | \$341.12 | | 655 15th St. NW | | | | | | | |
| | | | Ste. 650 | | | | | | | |
| | | | Washington, DC 20005 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this sch | edule) | (b) D | escription | | | |
| | OF EXPENDITURE | | Solicitation/Fundraising Expens | | cuuc) | Ē | | outsic | de of Texas. Comp | plete Schedule T. |
| | EXPENDITORE | | - · · | | | Ē | _ | | officeholder living | expense |
| | | | | | | D | atabase sof | twa | ire | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | C | Dffice soug | ght | | | Office he | ld |
| | Date | | Payee name | | | | | | | |
| | 03/02/2023 | | NGPVan, Inc | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | de | | | | |
| | \$341.12 | | 655 15th St. NW | | • | | | | | |
| | | | Ste. 650 | | | | | | | |
| | | | Washington, DC 20005 | | | | | | | |
| | PURPOSE | (a) | 5 | | | (h) D | escription | | | |
| | OF | (4) | Category (See Categories listed at the top Solicitation/Fundraising Expens | | edule) | (ю, D | | outsic | de of Texas. Comp | plete Schedule T. |
| | EXPENDITURE | | | | | Ē | Check if Austin, | TX, | officeholder living | expense |
| | | | | | | D | atabase soft | twa | ire | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office souç | ght | | | Office he | ld |
| - | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|--------|--|-------------------|--|------------------------------|--------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu | Expense | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 F | ILER NAME | - | 3 Filer ID (Ethics Co | | | | | |
| | Sch: 28/46 Rpt: 57/78 | | Bucy III, John H. (The Hond | rable) | | | | 00069589 | | |
| 4 | Date 04/03/2023 | | ayee name IGPVan, Inc | | | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$341.12 655 15th St. NW Ste. 650 Washington, DC 20005 Washington, DC 20005 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the Solicitation/Fundraising Exp | | edule) | | n, TX, | side of Texas. Complete Schedule T. K, officeholder living expense are | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Officeholder name | C | Office sou | ght | | Office held | | |
| | Date | F | ayee name | | | | | | | |
| | 05/02/2023 | 1 | IGPVan, Inc | | | | | | | |
| | Amount (\$) \$341.12 | 6 | Payee address; City; 55 15th St. NW Ste. 650 Vashington, DC 20005 | State; | ; Zip Co | de | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the Solicitation/Fundraising Exp | | edule) | | n, TX, | side of Texas. Complete Schedule T. K, officeholder living expense are | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ndidate/Officeholder name | C | Office sou | ght | | Office held | | |
| | Date | F | ayee name | | | | | | | |
| | 01/05/2023 | ۲ | lespresso | | | | | | | |
| | Amount (\$) \$221.30 | 1 5 | Payee address; City; 11 W. 33rd St ith Floor Jew York, NY 10120 | State; | ; Zip Co | de | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at th Food/Beverage Expense | e top of this sch | edule) | | | side of Texas. Complete Schedule T. 4, officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ndidate/Officeholder name | C | Office sou | ght | | Office held | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|--|--------------|-------------|-----------------|---------|-----------------------|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 29/46 Rpt: 58/78 | | Bucy III, John H. (The Honorable | e) | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/15/2023 | | Nespresso | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | de | | | | |
| | \$230.90 | | 111 W. 33rd St | | | | | | | |
| | | | 5th Floor | | | | | | | |
| | | | New York, NY 10120 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of | of this colu | adula) | (b) Description | | | | |
| - | OF | | Food/Beverage Expense | | ieuuie) | | l outsi | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austi | n, TX, | , officeholder living | expense | |
| | | | | | | Coffee | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | C | Office soug | ght | | Office he | eld | |
| | Date | | Payee name | | | | | | | |
| | 03/27/2023 | | Nespresso | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | de | | | | |
| | \$185.30 | | 111 W. 33rd St | | | | | | | |
| | | | 5th Floor | | | | | | | |
| | | | New York, NY 10120 | | | | | | | |
| | PURPOSE | | Category (See Categories listed at the top of | | a dud a) | (b) Description | | | | |
| | OF | | Food/Beverage Expense | of this sch | iedule) | | l outsi | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austi | n, TX | , officeholder living | expense | |
| | | | | | | Coffee | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | C | Office soug | ght | | Office he | eld | |
| | expenditure to benefit C/OI | Η | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 04/26/2023 | | Nespresso | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | de | | | | |
| | \$226.75 | | 111 W. 33rd St | | | | | | | |
| | | | 5th Floor | | | | | | | |
| | | | New York, NY 10120 | | | | | | | |
| | PURPOSE | | | | | (b) Description | | | | |
| | OF | | Category (See Categories listed at the top of Food/Beverage Expense | of this sch | iedule) | | l outsi | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | | , officeholder living | | |
| | | | | | | Coffee | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | C | Office soug | ght | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhea Food/Beverage Expense Polling Expens Gitt/Awards/Memorials Expense Printing Expens | e Travel Out of District /Contract Labor OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 30/46 Rpt: 59/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | | |
| 4 | Date 05/30/2023 | Payee name Nespresso | | | | | | | | |
| 6 | Amount (\$) \$185.10 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coffee | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/10/2023 | Office Depot | | | | | | | | |
| | Amount (\$) \$40.11 | Payee address; City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business card holders, mounting supplies | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 06/08/2023 | Office Depot | | | | | | | | |
| | Amount (\$) \$150.20 | Payee address; City; State; Zip Code 2620 W. Anderson Ln | | | | | | | | |
| | | Austin, TX 78757 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Printing Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flyers | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|--|---|------------|-----------------|-------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 31/46 Rpt: 60/78 | | Bucy III, John H. (The Honorable | e) | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 01/31/2023 | | Parker, Ashika | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | Zip Co | le | | | | |
| | \$500.00 | | 1307 Norwalk Ln | | | | | | | |
| | | | Apt 204 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| 8 | PURPOSE | (a) | | | | (b) Description | | | | |
| ľ | OF | (") | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | of this sche | dule) | | outsi | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Salaries/Wayes/Contract Labor | | | | | , officeholder living expense | | |
| | | | | | | Legislative s | alar | ry supplement | | |
| | | | | | | - | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Ot | ffice soug | ht | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 02/28/2023 | | Parker, Ashika | | | | | | | |
| _ | Amount (\$) | | Payee address; City; | State: | Zip Co | le | | | | |
| | \$500.00 | | 1307 Norwalk Ln | , | | | | | | |
| | \$300.00 | | | | | | | | | |
| | | | Apt 204 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | of this sche | dule) | Check if Austir | n, TX | ide of Texas. Complete Schedule T. , officeholder living expense r y supplement | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | O | ffice souç | ht | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 03/31/2023 | | Parker, Ashika | | | | | | | |
| | Amount (\$) | - | Payee address; City; | State | Zip Co | 10 | | | | |
| | \$500.00 | | 1307 Norwalk Ln | State, | 210 000 | | | | | |
| | φ500.00 | | | | | | | | | |
| | | | Apt 204 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | of this sche | edule) | Check if Austir | I, TX | ide of Texas. Complete Schedule T. , officeholder living expense ry supplement | | |
| - | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name | Of | ffice soug | ht | | Office held | | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|--|---------------------------|--|----------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp | Off Pol Prii Sal | ice Over Iling Expe nting Exp laries/Wa | ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 32/46 Rpt: 61/78 | | Bucy III, John H. (The Honorable) | | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 04/30/2023 | | Parker, Ashika | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$500.00 | | 1307 Norwalk Ln | | | | | | | |
| | | | Apt 204 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| 8 | PURPOSE | (2) | | | | b) Description | | | | |
| ľ | OF | (") | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | this schedule | •) | | outs | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Salaries/ Wages/Contract Labor | | | | | , officeholder living expense | | |
| | | | | | | Legislative s | alar | ry supplement | | |
| | | | | | | - | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Offic | e soug | ht | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 05/31/2023 | | Parker, Ashika | | | | | | | |
| _ | Amount (\$) | ┢ | Payee address; City; | State; Zi | p Cod | e | | | | |
| | \$500.00 | | 1307 Norwalk Ln | , | P | - | | | | |
| | \$300.00 | | | | | | | | | |
| | | | Apt 204 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | this schedule | 2) | Check if Austin | ı, TX | ide of Texas. Complete Schedule T. , officeholder living expense ry supplement | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office | e soug | ht | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 06/29/2023 | | Parker, Ashika | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zi | in Cod | ٩ | | | | |
| | \$500.00 | | 1307 Norwalk Ln | otato, zi | p 000 | 0 | | | | |
| | \$300.00 | | | | | | | | | |
| | | | Apt 204 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of Salaries/Wages/Contract Labor | this schedule | 2) | Check if Austin | ı, TX | ide of Texas. Complete Schedule T. , officeholder living expense r y supplement | | |
| - | Complete ONLY if direct | | Candidate/Officeholder name | Offic | e soug | ht | | Office held | | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|--|---|--------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | Office Polling Printir Salari | Overhe g Expen g Expen es/Wage | nse es/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| | - | | The Instruction Guide explain | ns how to | comp | lete this form. | - | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 33/46 Rpt: 62/78 | | Bucy III, John H. (The Honorable) | | | | | 00069589 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 05/12/2023 | | Paul, Dennis | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Sta | te; Zip | Code | | | | | |
| | \$66.00 | | P.O. Box 2910 | | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX 78768 | | | | | | | |
| 8 | PURPOSE | | | | 10 | | | | | |
| ° | OF | (a) | Category (See Categories listed at the top of this : Gift/Awards/Memorials Expense | schedule) | | Description | outsi | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Gill/Awards/Merrionals Expense | | | | | , officeholder living expense | | |
| | | | | | | Committee C | hai | r Gift - Higher Education | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | Offices | sough | t | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 01/30/2023 | | Pressable | | | | | | | |
| _ | Amount (\$) | | Payee address; City; Sta | te; Zip | Code | | | | | |
| | \$25.00 | | 110 E. Houston St | · · | | | | | | |
| | | | 7th Floor | | | | | | | |
| | | | San Antonio, TX 78205 | | | | | | | |
| _ | DUDDOOF | | | | 0 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this : Advertising Expense | schedule) | d) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | | | | | <u> </u> | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | Office s | sough | t | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 02/28/2023 | | Pressable | | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip | Code | | | | | |
| | \$25.00 | | 110 E. Houston St | | | | | | | |
| | | | 7th Floor | | | | | | | |
| | | | San Antonio, TX 78205 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | abadula) | (b |) Description | | | | |
| | OF EXPENDITURE | | Advertising Expense | schedule) | | Check if travel | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Offices | sough | t | | Office held | | |
| | | | | | | | | | | |

| | | | EXPENDITURE CATEGO | RIES FOR | R BC | DX 8(a) | | | | | |
|---|---|-----|---|------------|---|-----------------|-------|-------------------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Office Overhead/Rental Expense Ti Food/Beverage Expense Polling Expense Ti Gift/Awards/Memorials Expense Printing Expense Ti | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 34/46 Rpt: 63/78 | | Bucy III, John H. (The Honorable) | | | | | 00069589 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/28/2023 | | Pressable | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | |
| | \$25.00 | | 110 E. Houston St | | | | | | | | |
| | | | 7th Floor | | | | | | | | |
| | | | San Antonio, TX 78205 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | odulo) | (b) | Description | | | | | |
| - | OF | | Advertising Expense | ieuuie) | | <u> </u> | outsi | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | | Check if Austin | , TX, | , officeholder living expense | | | |
| | | | | | | Web hosting | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name (| Office sou | ıght | | | Office held | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/28/2023 | | Pressable | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$25.00 | | 110 E. Houston St | | | | | | | | |
| | | | 7th Floor | | | | | | | | |
| | | | San Antonio, TX 78205 | | | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | outsi | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | Advertising Expense | | | | | , officeholder living expense | | | |
| | | | | | | Web hosting | | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name (| Office sou | ight | | | Office held | | | |
| - | Date | | Payee name | | | | | | | | |
| | 05/30/2023 | | Pressable | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$25.00 | | 110 E. Houston St | , 1 | | | | | | | |
| | +_0.00 | | 7th Floor | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio, TX 78205 | | | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | outoi | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | Advertising Expense | | | | | , officeholder living expense | | | |
| | | | | | | Web hosting | | 3 - p | | | |
| | | | | | | 5 | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ight | | | Office held | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | EXPENDITURE CATE | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|-------------------------------------|---|-----------------|-------|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T / - Gift/Awards/Memorials Expense Printing Expense T | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 35/46 Rpt: 64/78 | | Bucy III, John H. (The Honorable) | | | | | 00069589 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/28/2023 | | Pressable | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$25.00 | | 110 E. Houston St | | | | | | | | | |
| | | | 7th Floor | | | | | | | | | |
| | | | San Antonio, TX 78205 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of the | hic cohodu | (0) | b) Description | | | | | | |
| | OF | | Advertising Expense | nis scheuu | | | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | | | | Check if Austir | , TX | , officeholder living expense | | | | |
| | | | | | | Web hosting | | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name | Offi | ce soug | ht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/03/2023 | | Public Storage | | | | | | | | | |
| | Amount (\$) | | Payee address; City; S | State; Z | Zip Cod | e | | | | | | |
| | \$106.00 | | 13675 N. Hwy 183 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 78750 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of th | his schedu | ıle) (| b) Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | ide of Texas. Complete Schedule T. | | | | |
| | - | | | | | | | , officeholder living expense | | | | |
| | | | | | | Storage unit | ren | ll de la constant de | | | | |
| | Complete ONIL V if direct | | andidate/Officeholder name | Offi | ce soug | ht. | | Office held | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | UII | ce soug | nit. | | Once neid | | | | |
| | Data | <u> </u> | | | | | | | | | | |
| | Date 03/03/2023 | | Payee name Public Storage | | | | | | | | | |
| | | | | | | | | | | | | |
| | Amount (\$) | | | State; Z | Zip Cod | e | | | | | | |
| | \$106.00 | | 13675 N. Hwy 183 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 78750 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of the | his schedu | ıle) (| b) Description | | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | ide of Texas. Complete Schedule T. | | | | |
| | | | | | | | | , officeholder living expense | | | | |
| | | | | | | Storage unit | ren | u | | | | |
| | | Ļ | ondidata/Officabaldar as ma | 04 | | b.t. | | Office held | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Offi | ce soug | i it | | Office held | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| 1 | Sch: 36/46 Rpt: 65/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 04/03/2023 | Public Storage | | | | | | | |
| 6 | Amount (\$) \$106.00 | Payee address; City; State; Zip Code 13675 N. Hwy 183 Austin, TX 78750 | | | | | | | |
| 8 | PURPOSE | | | | | | | | |
| o | OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense rent | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/03/2023 | Public Storage | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$106.00 | 13675 N. Hwy 183 Austin, TX 78750 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. h, TX, officeholder living expense rent | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 06/05/2023 | Public Storage | | | | | | | |
| | Amount (\$) \$106.00 | Payee address;City;State;ZipCode13675 N. Hwy 183 | | | | | | | |
| | | Austin, TX 78750 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. h, TX, officeholder living expense rent | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|--|------------|---|------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense ay - Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 37/46 Rpt: 66/78 | | Bucy III, John H. (The Honorable) | | | | 00069589 | | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 01/30/2023 | | Round Rock Chamber of Commerce | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | |
| | \$300.00 | | 212 E. Main St | | | | | | | |
| | | | | | | | | | | |
| | | | Round Rock, TX 78664 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | (aluba | (b) Description | | | | | |
| | OF | | Fees | ieuuic) | | outs | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | Check if Austin | , тх | , officeholder living expense | | | |
| | | | | | Chamber due | es | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 05/01/2023 | | Round Rock ISD | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | |
| | \$14.80 | I | 1311 Round Rock Ave | , | | | | | | |
| | | | | | | | | | | |
| | | | Round Rock, TX 78681 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Fees | iedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name | Office sou | ght | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 05/02/2023 | | Round Rock ISD | | | | | | | |
| - | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | |
| | \$1.50 | | 1311 Round Rock Ave | | | | | | | |
| | | | | | | | | | | |
| | | | Round Rock, TX 78681 | | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | | | | |
| | EXPENDITURE | | Fees | | | | ide of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Service Fee | | | | | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name | Office sou | ght | | Office held | | | |
| ⊢ | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 38/46 Rpt: 67/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | |
| 4 | Date 02/21/2023 | Payee name Shannon Probe | | | | | | | |
| 6 | Amount (\$) \$250.00 | Payee address; City; State; Zip Code 2250 Double Creek #8552 Round Rock, TX 78683 | | | | | | | |
| 8 | 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/18/2023 | Stewart, Neville | | | | | | | |
| | Amount (\$) \$50.00 | Payee address; City; State; Zip Code 909 Cherico St Austin, TX 78702 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | on i travel outside of Texas. Complete Schedule T. : Austin, TX, officeholder living expense ee Chair Gift - Elections | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/07/2023 | Texas Capitol Gift Shop | | | | | | | |
| | Amount (\$) \$357.23 | Payee address; City; State; Zip Code 1400 Congress Ave E1.006 Austin, TX 78701 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|----------|---|-----|---|---|--------------------------------|--------|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I | Office Ove Polling Ex Printing Ex Salaries/W | xpense Vages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 39/46 Rpt: 68/78 | | Bucy III, John H. (The Honorable) | | | | 00069589 | | | | | |
| 4 | Date | 5 | Payee name | | | I | | | | | | |
| | 05/12/2023 | | Texas Capitol Gift Shop | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | | | | |
| - | \$43.30 | - | 1400 Congress Ave | | | | | | | | | |
| | | | E1.006 | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | | |
| | DUDDOCE | | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense | edule) | (b) Description | outsi | de of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | Gill/Awalus/Memorials Expense | | | | officeholder living expense | | | | | |
| | | | | | Committee C | chai | r Gift - Elections | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name C | Office sou | ght | | Office held | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/26/2023 | | Texas Capitol Gift Shop | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | | | |
| | \$173.20 | | 1400 Congress Ave | | | | | | | | | |
| | | | E1.006 | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | | |
| _ | PURPOSE | (a) | Category (See Categories listed at the top of this sche | odulo) | (b) Description | | | | | | | |
| | OF | ľ | Gift/Awards/Memorials Expense | euule) | | outsi | de of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | | | | n, TX, | officeholder living expense | | | | | |
| | | | | | Staff gifts | | | | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name C | Office sou | ght | | Office held | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/28/2023 | | Texas Capitol Gift Shop | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | | | |
| | \$86.60 | | 1400 Congress Ave | | | | | | | | | |
| | | | E1.006 | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | odulo) | (b) Description | | | | | | | |
| | OF | | Gift/Awards/Memorials Expense | euule) | | outsi | de of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE GIT/AWAIdS/METIONAIS LAPENSE | | | | | | | | | | | |
| | | | | | Staff gifts | | | | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | Office held | | | | | |
| \vdash | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR E | 3OX 8(a) | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overher Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | -II FR NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| - | Sch: 40/46 Rpt: 69/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | |
| 4 | Date 01/03/2023 | Payee name Texas Capitol Visitor's Parking Garage | | | | | | | |
| 6 | Amount (\$) \$11.00 | 7 Payee address; City; State; Zip Code 1201 San Jacinto Blvd Austin, TX 78701 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for new employees | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sough | t Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/03/2023 | Texas Capitol Visitor's Parking Garage | | | | | | | |
| | Amount (\$) \$11.00 | Payee address; City; State; Zip Code 1202 San Jacinto Blvd | | | | | | | |
| | | Austin, TX 78701 | | | | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for new employees | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officeholder name Office sough | t Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/04/2023 | Texas Capitol Visitor's Parking Garage | | | | | | | |
| | Amount (\$) \$11.00 | Payee address; City; State; Zip Code 1203 San Jacinto Blvd | | | | | | | |
| | | Austin, TX 78701 | | | | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for new employees | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officeholder name Office sough | t Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | · · · | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| - | Sch: 41/46 Rpt: 70/78 | Bucy III, John H. (The Honorable) | 00069589 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 01/04/2023 | Texas Capitol Visitor's Parking Garage | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$11.00 | 0 1204 San Jacinto Blvd | | | | | | | |
| | | Austin, TX 78701 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| ľ | OF | | utside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | | TX, officeholder living expense | | | | | | |
| | | Parking for ne | w employees | | | | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/03/2023 | Texas Caucus on Climate, Environment, and Energy | | | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$200.00 | P.O. Box 2910 | | | | | | | |
| | | | | | | | | | |
| | | Austin, TX 78768 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| ⊨ | Date | Payee name | | | | | | | |
| | 03/27/2023 | Texas Democratic Women | | | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$250.00 | P.O. Box 301411 | | | | | | | |
| | φ230.00 | F.O. D0X 301411 | | | | | | | |
| | | Austin, TX 78703 | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | | | | | |
| | | | TX, officeholder living expense | | | | | | |
| | | Event sponsor | Silih | | | | | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | EXPENDI | TURE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|----------|---|---------------------------|--|---|--------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage E Gift/Awards/Men mmittee Legal Services | xpense | Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa | ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FII FR NAME | | | - | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 42/46 Rpt: 71/78 | | Bucy III, John H. (The H | lonorable) | | | | 00069589 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 01/11/2023 | | Texas House LGBTQ C | aucus | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; | ; Zip Coo | le | | | |
| | \$800.00 | | P.O. Box 2910 | | | | | | |
| | | | | | | | | | |
| | | | Austin, TX 78768 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories liste | ed at the top of this sch | edule) | b) Description | | | |
| | OF EXPENDITURE | | Fees | | , | Check if travel | outsi | ide of Texas. Comp | blete Schedule T. |
| | EXPENDITORE | | | | | | | , officeholder living | expense |
| | | | | | | Caucus dues | 5 | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder nam | ie C | Office soug | ht | | Office he | ld |
| _ | Date | | Payee name | | | | | | |
| | 01/11/2023 | | Texas Legislative Study | Group | | | | | |
| _ | | ┣ | | | , Zin Cor | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | le | | | |
| | \$1,000.00 | | P.O. Box 12943 | | | | | | |
| | | | Austin, TX 78711 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories liste | ed at the top of this sch | edule) | b) Description | outsi | ide of Texas. Comp | plete Schedule T. |
| | EXPENDITURE | | 1003 | | | Check if Austin | n, TX, | , officeholder living | expense |
| | | | | | | Caucus dues | 6 | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder nam | ie C | Office soug | ht | | Office he | ld |
| ⊨ | Date | | Payee name | | | | | | |
| | 02/06/2023 | | Texas Women's Health | Caucus | | | | | |
| | Amount (\$) | \vdash | Payee address; City; | State [.] | ; Zip Coo | le | | | |
| | \$500.00 | | P.O. Box 2910 | Oluic, | , 20 000 | | | | |
| | \$000.00 | | 1101 Box 2010 | | | | | | |
| | | | Austin, TX 78768 | | | | | | |
| | PURPOSE | (a) | Category (See Categories liste | ed at the top of this sch | edule) | b) Description | | | |
| | OF EXPENDITURE | | Fees | | | | | ide of Texas. Comp | |
| | | | | | | | | , officeholder living | expense |
| | | | | | | Caucus dues | 5 | | |
| | | | | - | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder nam | ie C | Office soug | nt | | Office he | la |
| | | · | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | BOX 8(a) | | | | | |
|---|---|-----|---|---|------------------------------|--------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 43/46 Rpt: 72/78 | | Bucy III, John H. (The Honorable) | | | | 00069589 | | | |
| 4 | Date 01/03/2023 | 5 | Payee name Trader Joe's | | | | | | | |
| 6 | Amount (\$) \$6.98 | 7 | Payee address; City; State; Zip Code 211 Walter Seaholm Dr Ste. 100 Austin, TX 78701 | | | | | | | |
| 8 | B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office soug | ht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 05/15/2023 | | Twin Liquors | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | | |
| | \$111.48 | | 1600 Lavaca St Austin, TX 78701 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense | edule) | Check if Austir | n, TX, | de of Texas. Complete Schedule T. officeholder living expense r Gift - Elections | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office soug | ht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 01/31/2023 | | United States Postal Service | | | | | | | |
| | Amount (\$) \$9.65 | | Payee address;City;State;3575 Far West Blvd | Zip Coo | le | | | | | |
| | | | Austin, TX 78731 | i | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | | n, TX, | de of Texas. Complete Schedule T. officeholder living expense formS | | | |
| ļ | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | Office soug | ht | | Office held | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|--|-----------------|---|----------------------------|--------|---|-------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guid | | Office Over Polling Exp Printing Exp Salaries/Wa | ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | e |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID (Ethics Commission Fil | lers) |
| 1 | Sch: 44/46 Rpt: 73/78 | I | Bucy III, John H. (The Honora | able) | | | | 00069589 | |
| 4 | Date 01/02/2023 | | ^p ayee name Walgreen's | | | | | | |
| 6 | Amount (\$) | L | Payee address; City; | Stato: | Zip Cod | | | | |
| 0 | \$27.91 | | Austin, TX 78757 | State, | | c | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the t | on of this sch | odulo) (| b) Description | | | |
| | OF EXPENDITURE | | Printing Expense | | edule) | Check if travel | n, TX, | de of Texas. Complete Schedule T. officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 01/06/2023 | ' | Walgreen's | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Cod | e | | | |
| | \$10.12 | | 2525 W. Anderson Ln Austin, TX 78757 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the t Printing Expense | top of this sch | edule) | | n, TX, | de of Texas. Complete Schedule T. officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | ht | | Office held | |
| | Date | | ^D ayee name | | | | | | |
| | 05/13/2023 | | Williamson County Democrati | c Party P | AC | | | | |
| - | Amount (\$) | | Payee address; City; | | Zip Cod | e | | | |
| | \$1,000.00 | | P.O. Box 1296 | otato, | p 000 | | | | |
| | | | Georgetown, TX 78627 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the t Contributions/Donations Made Candidate/Officeholder/Politic | e By | , | Check if Austir | ı, TX, | de of Texas. Complete Schedule T. . officeholder living expense ibution - Municipal | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | ht | | Office held | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|-----|--|-------------------------|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab | ense bor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| - | Sch: 45/46 Rpt: 74/78 | | Bucy III, John H. (The Honorable) | | 00069589 | | | |
| 4 | Date 06/09/2023 | 5 | Payee name Williamson County Democratic Party PAC | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | |
| Ū | \$1,000.00 | • | P.O. Box 1296 Georgetown, TX 78627 | | | | | |
| _ | | | - | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | f travel o f Austin, | utside of Texas. Complete Schedule T. TX, officeholder living expense rShip | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sought | | Office held | | | |
| | Date | | Payee name | | | | | |
| | 05/04/2023 | | Worley Printing | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | |
| | \$1,186.85 | | 3217 N. IH-35 Austin, TX 78722 | | | | | |
| | DUDDOCE | (0) | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | f travel o f Austin, | utside of Texas. Complete Schedule T. TX, officeholder living expense ertificates | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sought | | Office held | | | |
| | Date | | Payee name | | | | | |
| | 05/12/2023 | | Yeti | | | | | |
| | Amount (\$) \$112.42 | | Payee address;City;State;Zip Code220 S. Congress Ave | | | | | |
| | | | Austin, TX 78704 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | f travel o f Austin, | utside of Texas. Complete Schedule T. TX, officeholder living expense nair Gift - Elections | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office sought | | Office held | | | |
| | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 | Total pages Schedule F1: Sch: 46/46 Rpt: 75/78 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy III, John H. (The Honorable) 00069589 | | | | | | | |
| 4 | Date 05/12/2023 | 5 Payee name Yeti | | | | | | | |
| 6 | Amount (\$) \$270.63 | 7 Payee address; City; State; Zip Code 220 S. Congress Ave Austin, TX 78704 | | | | | | | |
| 8 | B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee Chair Gift - Elections | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | ages Schedule K: L/3 Rpt: 76/78 | | | | | |
|---|--------------------|------------------------------------|---|-------|----------|------------------------------------|----------------|
| 2 | FILER NAME | | | 3 | Filer ID | D (Ethics Commission I | Filers) |
| | Bucy III, Joh | 00069 | 9589 | | | | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 05/29/2023 | | Campaign of Giovanni Capriglione | | | | \$73.48 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | |] | |
| | | | | | | | |
| | | | Southlake, TX 76092 | | | | |
| | | 7 | | oliti | cal cont | I ribution returned to filer | |
| | | | | | | | |
| F | Date | F | Name of person from whom amount is received | | | Amount (\$) | |
| | 05/23/2023 | | Dustin Burrows Campaign Account | | | | \$73.48 |
| | | ····· | Address of person from whom amount is received; City; State; Zip Code | | | • | |
| | | | | | | | |
| | | | | | | | |
| | | | Lubbock, TX 79408 | | | | |
| | | | | oliti | cal cont | ribution returned to filer | |
| | | | Reimbursement for Committee Chair Gift | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/12/2023 | | E.F. Mano DeAyala, PC | | | | \$74.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | Houston TV 77024 | | | | |
| | | ┝ | Houston, TX 77024 | - 114 | | nile stiene weterwere elter filmer | |
| | | | Purpose for which amount is received Check if p Reimbursement for Committee Chair Gift | Oliti | cal cont | ribution returned to filer | |
| ⊨ | | | | | | | |
| | Date 01/06/2023 | | Name of person from whom amount is received Frost Bank | | | Amount (\$) | \$3.73 |
| | 01/00/2023 | | | | | | φο. <i>1</i> ο |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | San Antonio, TX 78296 | | | | |
| | | ┢ | Purpose for which amount is received Check if p | oliti | cal cont | ribution returned to filer | |
| | | | Interest | | | | |
| F | Date | Ē | Name of person from whom amount is received | | | Amount (\$) | |
| | 02/06/2023 | | Frost Bank | | | | \$4.23 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | San Antonio, TX 78296 | | | | |
| | | | | oliti | cal cont | ribution returned to filer | |
| | | | Interest | | | | |
| | | | | | | | |
| | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The Instru | 1 Total pages Sch: 2/3 R | | | | | | |
|--------------|--|----------------------------|----------------------|-----------------|--|--|--|
| 2 FILER NAME | | 3 Filer ID (E | Ethics Commission F | ilers) | | | |
| | Bucy III, John H. (The Honorable) 00069 | | | | | | |
| 4 Date | 5 Name of person from whom amount is received | 8 / | Amount (\$) | * 2.00 | | | |
| 03/06/2023 | Frost Bank | | | \$3.82 | | | |
| | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | San Antonio, TX 78296 | | | | | | |
| | 7 Purpose for which amount is received Check if | political contribution | on returned to filer | | | | |
| | Interest | | | | | | |
| Date | Name of person from whom amount is received | / | Amount (\$) | | | | |
| 04/06/2023 | Frost Bank | | | \$3.86 | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | San Antonio, TX 78296 | | | | | | |
| | | l political contributio | on returned to filer | | | | |
| | Interest | | | | | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | | | |
| 05/04/2023 | Frost Bank | | . / | \$3.19 | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | Car Antonio TV 70206 | | | | | | |
| | San Antonio, TX 78296 Purpose for which amount is received Check if | litical contributio | returned to filer | | | | |
| | Interest | | on returned to filer | | | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | | | |
| 06/06/2023 | Frost Bank | | Amount (\$) | \$3.24 | | | |
| 00,00, | Address of person from whom amount is received; City; State; Zip Code | | | φ υ. Σ . | | | |
| | , addood of polocit for another another internet, intern | | | | | | |
| | | | | | | | |
| | San Antonio, TX 78296 | | | | | | |
| | | political contribution | on returned to filer | | | | |
| | Interest | i | | | | | |
| Date | Name of person from whom amount is received | / | Amount (\$) | * 70.00 | | | |
| 05/26/2023 | Heriberto Eddie Morales Campaign | | | \$76.00 | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | Eagle Pass, TX 78852 | | | | | | |
| | Purpose for which amount is received Check if | political contribution | on returned to filer | | | | |
| | Reimbursement for Committee Chair Gift | | | | | | |
| | | | | | | | |
| | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The Instruction Guide explains how to complete this form. | | | | | | 1 Total pages Schedule K: Sch: 3/3 Rpt: 78/78 | | | |
|---|---------------|---------|---|--------|----------|--|---------|--|--|
| 2 FILER NAME | | | | | | D (Ethics Commission F | -ilers) | | |
| | Bucy III, Joh | n H | I. (The Honorable) | | 00069 |)589 | | | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | | | |
| | 05/29/2023 | | Hubert Vo Campaign | | | | \$73.48 | | |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | I | | | | | | | | |
| | | | Houston, TX 77072 | | | | | | |
| | I | 7 | Purpose for which amount is received Check if p | olitic | al conti | ribution returned to filer | | | |
| | l | | Reimbursement for Committee Chair Gift | | | | | | |
| F | Date | F | Name of person from whom amount is received | | | Amount (\$) | | | |
| | 05/24/2023 | | Manuel, Christian (The Honorable) | | | | \$75.00 | | |
| | I | | Address of person from whom amount is received; City; State; Zip Code | | | 1 | | | |
| | l | | | | | | | | |
| | l | | | | | | | | |
| | I | L | Port Arthur, TX 77642 | | | | | | |
| | I | | | olitic | al conti | ribution returned to filer | | | |
| | | | Reimbursement for Committee Chair Gift | | | | | | |
| | Date | Γ | Name of person from whom amount is received | | | Amount (\$) | | | |
| | 05/29/2023 | | Valoree Swanson Campaign | | | | \$74.00 | | |
| | | | Address of person from whom amount is received; City; State; Zip Code | | |] | | | |
| | l | | | | | | | | |
| | I | | Spring, TX 77379 | | | | | | |
| | | ┝ | | | | ribution returned to filer | | | |
| | l | | Reimbursement for Committee Chair Gift | JUnite | altona | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |