CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	1 Filer ID (Ethics Commis 00069589		2 Total pages filed: 119
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Joh	n H.		Date Received
				ELECTRONICALLY FILED
	NICKNAME	······································	CUEEIV	01/16/2024
	NICKNAME LAS		SUFFIX III	01/10/2024
	Buc		III	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 536			Receipt# Amount
Change of Address	Austin, TX 78767			
Change of Address	Austin, 1x 70707			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	
TREASURER	Mrs. Hea	ther Sanders		
NAME				
	NICKNAME LAS	T	SUFFIX	
	Jeft		301117	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE): APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER	1202 Willowbrook Dr.	711	700112 11,	577T2, 211 6652
ADDRESS				
(Residence or Business)	Codor Dork TV 70612			
	Cedar Park , TX 78613			
7 CAMPAIGN	AREA CODE PHONE NU	IMBER EXTENSION		
TREASURER PHONE	(512) 529-4987			
PHONE				
8 REPORT				
TYPE	X January 15 30	Oth day before election	Runoff	15th day after campaign treasurer
	July 15 81	h day before election	Exceeded modified	appointment (officeholder only) Final Report (Attach C/OH-FR)
	July 15		reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	07/01/2023	THROUGH	12/31/2023	
	3.762,2325		,0_,_0_	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/05/2024	1		
		General	Special	
			i	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	
	State Representative District 1	36	State Representa	itive District 136
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 119

13 C / OH NAME	Bucy III, John H. (Th	e Honorable)	14 Filer ID 00069589	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expending These expenditures may have been made without dofficeholders are required to report this information.	ut the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER TI ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 43,891.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 42,513.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	E LAST DAY OF THE	\$ 52,564.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	AS OF THE LAST DAY	\$ 36,375.00
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required	
		The Ho	norable John H. Bucy	III
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLK SIILL	3 of 119
	LER NA		19 Filer ID	(Ethics Commissi	on Filers)
В	ucy III, J	ohn H. (The Honorable)	00069589		
		E SUBTOTALS		SUBTOTAL	AMOUNT
IN	AME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	43,891.00
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 CONTRIBUTION:	S	\$	42,513.13
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). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	33.98

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 1/61 Rpt: 4/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/13/2023	Abbott Laboratories Employee PAC	re PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_	Dringing age	Abbott Park, IL 60064	lo.	Employer (Co.) Instructions	<u></u>		
ð	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/29/2023	Acevedo, Fidel				Amount of Contribution (\$)	\$25.00
		Austin, TX 78728			<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/31/2023	Full name of contributor out-of-state Ahlgren, Carol Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78665					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/16/2023	Ahlgren, Carol Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 12/31/2023	Aleman, Monica)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/61 Rpt: 5/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 11/08/2023	 Full name of contributor out-of-state PAC (ID#:_Andrews, Sheila Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Cedar Park, TX 78613				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#:_ Avey, Melinda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing agg	Round Rock, TX 78664	Employer (Coo Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#:_Avey, Melinda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#:_Baker, Caitlin Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Barbini, Charlotte Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/61 Rpt: 6/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 10/17/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	District	Georgetown, TX 78628	2 Faralassa (Cara la struction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Barron, Joe Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/17/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$54.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/61 Rpt: 7/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/15/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Daine in all a second	Austin, TX 78717	2 Facility (Carlotte time			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#:_Bentley Public Affairs Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Dringing aggr	Austin, TX 78701	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:_Berry, Robin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78729				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Berry, Robin Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_Berry, Robin Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/61 Rpt: 8/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 08/14/2023	 Full name of contributor out-of-state PAC (ID#:_Berry, Robin Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Austin, TX 78729	O Frankrija (Caa kastrijatia na			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#:_ Berry, Robin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78729				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_Blackson, Steve Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/16/2023	Full name of contributor out-of-state PAC (ID#:_ Bowman, Jennifer Contributor address; City; State; Zip Code Cedar Park, TX 78613)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/61 Rpt: 9/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/01/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	9 Employer (See Instructions) 		
	i illicipal occu	sation, con the (see mandeholis)	2 Employer (See mandenons	')		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#: Boyda, Mira Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Cedar Park, TX 78613-4037 pation / Job title (See Instructions)	Employer (See Instructions	<u>, </u>		
	r inicipal occu	Jalion / Job title (See manuchons)	Employer (See instructions	')		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#: Boyda, Mira Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Cedar Park, TX 78613-4037				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Boydstun, Dwaine Contributor address; City; State; Zip Code Georgetown, TX 78633			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#:_ Bratcher, Lee Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1	ı
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 7/61 Rpt: 10/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069589	
4	Date 10/30/2023	 Full name of contributor	7	Amount of Contribution (\$) \$25	.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions) 9 Employer	(See Instructions)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/30/2023	Bratton, Barbara Contributor address; City; State; Zip Code		\$25	.00
	Dringing! gage	Leander, TX 78641	(Coo Instructions)		
	Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Bratton, Barbara Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$25	.00
		Leander, TX 78641			
	Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)		
	Date 08/30/2023	Full name of contributor		Amount of Contribution (\$) \$25	.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions) Employer	(See Instructions)		
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#: Bratton, Barbara Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25	.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions) Employer	(See Instructions)		
	. moipai occu	Employer	(See manuchons)		

	MONET	ARY POLITICAL CONTRIBUTIONS	5	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form	. 1	. Total pages Schedule A1: Sch: 8/61 Rpt: 11/119
2	FILER NAME Bucy III, Joh	n H. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069589
4	Date 12/30/2023	 Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$25.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions) 9 E	Employer (See Instructions)	
	- Tillopai occu	pation 7 300 title (See Instructions)	imployer (See instructions)	
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: Braunagel-Brown, Mary Contributor address; City; State; Zip Code Austin, TX 78736		Amount of Contribution (\$) \$100.00
	Principal occu		Employer (See Instructions)	
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Burke, Cecelia (The Honorable) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: CWA - COPE PCC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	imployer (See Instructions)	
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Call, Joshua Contributor address; City; State; Zip Code Salado, TX 76571		Amount of Contribution (\$) \$100.00
	Principal occu		Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A	1
	The Instru	ction Guide explains how to complete this for	n.	1 Total pages Schedule A1: Sch: 9/61 Rpt: 12/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3 Filer ID (Ethics Commission File 00069589	rs)
4	Date 12/05/2023	 Full name of contributor		7 Amount of Contribution (\$) \$5,0	00.00
8	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/28/2023	Chavez, Luis Contributor address; City; State; Zip Code			00.00
	Delicalis al access	Cedar Park, TX 78613			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: Chmeleck, Marianne Contributor address; City; State; Zip Code		Amount of Contribution (\$)	25.00
		Georgetown, TX 78633			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 11/19/2023	Full name of contributor		Amount of Contribution (\$)	50.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Chmeleck, Marianne Contributor address; City; State; Zip Code		Amount of Contribution (\$)	25.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions))	

MONE	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A		
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/61 Rpt: 13/119		
2 FILER NAME Bucy III, Jo	nn H. (The Honorable)		3 Filer ID (Ethics Commission Fil 00069589	ers)	
4 Date 09/17/2023	5 Full name of contributor out-of-state PAC (ID#: Chmeleck, Marianne 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$25.00	
8 Principal occ	Georgetown, TX 78633 upation / Job title (See Instructions)	9 Employer (See Instructions))		
Date 12/17/2023	Full name of contributor out-of-state PAC (ID#: Chmeleck, Marianne Contributor address; City; State; Zip Code Georgetown, TX 78633		Amount of Contribution (\$)	\$25.00	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions))		
Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Cocke, William Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00	
Principal occ	Austin, TX 78717 upation / Job title (See Instructions)	Employer (See Instructions)		
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Collier, Zachary Contributor address; City; State; Zip Code Cedar Park, TX 78613-2874		Amount of Contribution (\$)	\$10.00	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions))		
Date 12/05/2023	Full name of contributor X out-of-state PAC (ID#: Comcast Corp & NBC Universal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	C00248716)	Amount of Contribution (\$) \$1,0	00.00	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/61 Rpt: 14/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	n H. (The Honorable)			00069589	
4	Date 09/27/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/15/2023	Conyngham, Karen				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor)		Amount of Contribution (\$)	
	12/15/2023	Cook, Terry (The Honorable) Contributor address; City; State; Zip Code				\$500.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Cooper, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Georgetown, TX 78626				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	11/18/2023	Deramus, Fran				\$10.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/61 Rpt: 15/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	ı Filers)
4	Date 11/30/2023	5 Full name of contributor Donovan, Amy	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$20.00
•	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions	., I	9 Employer (See Instructions	<u>''</u>		
0	Principal occu	pation / Job title (See Instructions) 	5 Employer (See instructions	·)		
	Date 09/26/2023	Full name of contributor Dougherty, Patrick Contributor address; City; Si			•	Amount of Contribution (\$)	\$10.00
		Seattle, WA 98105					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 08/31/2023	Full name of contributor Dower, Carolyn Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78726					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Date 11/03/2023	Full name of contributor DuTeil, Norma Diane Contributor address; City; Si Round Rock, TX 78665)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Date 11/18/2023	Full name of contributor DuTeil, Norma Diane Contributor address; City; Si Round Rock, TX 78665	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIONS	S	SCHEDULE A1	L
	The Instru	ction Guide explains how to complete this form	1.	Total pages Schedule A1: Sch: 13/61 Rpt: 16/119	
2	FILER NAME Bucv III. Joh	n H. (The Honorable)	3	3 Filer ID (Ethics Commission Filers) 00069589)
4	Date 12/03/2023	 Full name of contributor		7 Amount of Contribution (\$)	5.00
	Dringing! goog	Round Rock, TX 78665 pation / Job title (See Instructions) 9	Employer (See Instructions)		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/03/2023	Full name of contributor out-of-state PAC (ID#: DuTeil, Norma Diane Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5	5.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Employer (See Instructions)		
	Timoipai occa	pation / 000 title (cee instructions)	Employer (dee mandenons)		
	Date 09/03/2023	Full name of contributor out-of-state PAC (ID#: DuTeil, Norma Diane Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5	5.00
		Round Rock, TX 78665			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#: DuTeil, Norma Diane Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5	5.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#: Ducharme, Jacalyn Contributor address; City; State; Zip Code Austin, TX 78717		Amount of Contribution (\$) \$10	0.00
	Principal occu	<u> </u>	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/61 Rpt: 17/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/15/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Dringing Loggy	Austin, TX 78717	D. Employer (Con Instructions	_		
ð	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Dulaney, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID#: Dye, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$11.00
		Cedar Park, TX 78630				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Eli Lilly and Company PAC Contributor address; City; State; Zip Code Indianapolis, IN 46585			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: Emmick, Robert Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/61 Rpt: 18/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	n H. (The Honorable)			00069589	
4	Date 12/30/2023	 Full name of contributor out-of-state PAC (ID#:_ Erskine, Patricia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Round Rock, TX 78665				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/07/2023	Felthauser, Karen				\$200.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/31/2023	Ferris, David Contributor address; City; State; Zip Code				\$250.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 07/04/2023	Full name of contributor out-of-state PAC (ID#:_ Fesh, Jodie			Amount of Contribution (\$)	\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/30/2023	Flannigan, Jimmy (The Honorable)				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 16/61 Rpt: 19/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	on Filers)
4	Date 10/24/2023)	7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions) der	9	Employer (See Instructions MediaChoice)		
	Date 11/18/2023	Full name of contributor out-of-Foster, Richard Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor out-of- Foster, Richard Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/31/2023	Framnes, Jeffrey)		Amount of Contribution (\$)	\$6.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/11/2023	Fussell, Jill	-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/61 Rpt: 20/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 12/14/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	Dringing age	Georgetown, TX 78633	2. Employer (See Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#: Galloway, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Cedar Park, TX 78613-6913				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/08/2023	Full name of contributor out-of-state PAC (ID#:_Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/08/2023	Full name of contributor out-of-state PAC (ID#:Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/61 Rpt: 21/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 11/08/2023	 Full name of contributor out-of-state PAC (ID#:_Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
ρ	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	r inicipal occu	oation / Job title (See mail actions)	2 Employer (See Instructions	')		
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#: Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/20/2023	Full name of contributor out-of-state PAC (ID#:_Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/20/2023	Full name of contributor out-of-state PAC (ID#:_Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/61 Rpt: 22/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 09/08/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	9 Employer (See Instructions	7		
_	T Illicipal occu	sation 7 300 title (See manuchons)	2 Employer (See manuchons	')		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2023 Gandaria-Escamilla, Sara Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/24/2023	Full name of contributor x out-of-state PAC (ID#: C GenenPAC Contributor address; City; State; Zip Code So. San Francisco, CA 94080	00199257)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 20/61 Rpt: 23/119	
2	FILER NAME Bucy III, Johi	n H. (The Honorable)				3	Filer ID (Ethics Commission 00069589	on Filers)
4	Date 12/21/2023	5 Full name of contributor Gerber, Keri6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occur	Austin, TX 78750 pation / Job title (See Instructions	s)	9	Employer (See Instructions	;) 		
	Not Employe		,		N/A	,		
	Date 08/31/2023	Full name of contributor Gilbert, Karen Contributor address; City; Si)		Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78633						
	Principal occu	oation / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Date 12/14/2023	Full name of contributor Gilbert, Karen Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78633						
	Principal occu	oation / Job title (See Instructions	s) 		Employer (See Instructions	s)		
	Date 12/01/2023	Full name of contributor Gillespie, Sharon Contributor address; City; St Austin, TX 78703	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u>. </u>		
	Date 10/17/2023	Full name of contributor Giner, Maria-Elena Contributor address; City; Si Austin, TX 78717	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 21/61 Rpt: 24/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	ı Filers)
4	Date 11/17/2023)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78717					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 07/17/2023	Giner, Maria-Elena)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78717					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/17/2023	Full name of contributor out-of-sta Giner, Maria-Elena Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Austin, TX 78717					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/17/2023	Giner, Maria-Elena Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/17/2023	Giner, Maria-Elena	ate PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/61 Rpt: 25/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 11/19/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Daine in a la casa	Leander, TX 78641	0.5			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Glover, Christine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Leander, TX 78641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ Goff, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78721				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_ Gordon, Denise Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#:_Grace, Kerry Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
			l			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/61 Rpt: 26/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 12/14/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/31/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#: Gunn, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#: Haralson, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#: Haralson, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/61 Rpt: 27/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	ı Filers)
4	Date 07/23/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Fillicipal occu	pation / 300 title (See Instructions)	employer (See Instructions	,		
	Date 08/23/2023	Full name of contributor out-of-state PAC (ID#:_ Haralson, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See instructions	,		
	Date 09/23/2023	Full name of contributor out-of-state PAC (ID#:_ Haralson, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Haralson, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_ Heinrich, Allison Contributor address; City; State; Zip Code Austin, TX 78757)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 25/61 Rpt: 28/119	=
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069589	_
4	Date 08/31/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$25.00)
8	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		_
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: HillCo PAC Contributor address; City; State; Zip Code	<u> </u>		Amount of Contribution (\$) \$5,000.00	=
	Drincinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	1		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Hinkle, Robert Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$) \$50.00)
	Dringing! goog	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions			_
	r illicipai occu	pation / 30b title (See instructions)	Employer (See Instructions	·)		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID#: Hockaday, Wendy Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00)
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Hockaday, Wendy Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$) \$50.00	-
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	5)		_
						_

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/61 Rpt: 29/119
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069589
4	Date 09/28/2023	 Full name of contributor		7	Amount of Contribution (\$) \$1,000.00
_		Dallas, TX 75201			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Jefts, Heather (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$150.00
	Dringinal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions		
	Principal occu	Janott / Job title (See Instructions)	Employer (See instructions)	
	Date 07/09/2023	Full name of contributor out-of-state PAC (ID#: Jones, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10.00
		Dallas, TX 75218			
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Robert Contributor address; City; State; Zip Code Dallas, TX 75218			Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Robert Contributor address; City; State; Zip Code Dallas, TX 75218)		Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
		I			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/61 Rpt: 30/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	on Filers)
4	Date 08/09/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
_		Dallas, TX 75218				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/09/2023	Full name of contributor out-of-state PAC (ID#: Jones, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75218				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID#: Jones, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75218				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#: Jones, Stephen Contributor address; City; State; Zip Code Cedar Park, TX 78613-4249)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: K&L Gates LLP Committee for Good Governmen Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/61 Rpt: 31/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 11/19/2023	 Full name of contributor out-of-state PAC (ID#: Kelley, Trey Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	5	Austin, TX 78729		<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/09/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	•	,				
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#:_ King, Henry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Round rock, TX 78664				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID#:_King, Henry Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/09/2023	Full name of contributor out-of-state PAC (ID#:_ King, Henry Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 29/61 Rpt: 32/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	ı Filers)
4	Date 09/09/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Round rock, TX 78664 pation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (I King, Henry Contributor address; City; State; Zip Code Round Rock, TX 78664	 D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (I Legrand, Christina Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 10/28/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (In Lester, Brigid Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

MO	NET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
The I	nstru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 30/61 Rpt: 33/119	
2 FILER Bucy I		n H. (The Honorable)		l	Filer ID (Ethics Commission 00069589	n Filers)
4 Date 07/28/	/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8 Princip	nal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	9 Employer (See Instructions	 		
Date 08/28/		Full name of contributor out-of-state PAC (ID#: Lester, Brigid Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$10.00
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
Date 09/28/	/2023	Full name of contributor out-of-state PAC (ID#:_Lester, Brigid Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
Princip	al occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date 12/28/	/2023	Full name of contributor out-of-state PAC (ID#:_ Lester, Brigid Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
Princip	al occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date 09/17/	/2023	Full name of contributor out-of-state PAC (ID#: Lommori, James Contributor address; City; State; Zip Code AUSTIN, TX 78757			Amount of Contribution (\$)	\$100.00
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/61 Rpt: 34/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 07/01/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions))		
_	-		Limpleyer (Gee instructions)		Amount of Contribution (C)	
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Lutes, Lavern Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/01/2023	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID#: Lutes, Lavern Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/01/2023	Full name of contributor out-of-state PAC (ID#: Lutes, Lavern Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 32/61 Rpt: 35/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 10/01/2023	 Full name of contributor out-of-state Lutes, Lavern Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Austin, TX 78729	lo.	Frankrijer (Cookrativistiana	_		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/11/2023	Lynaugh, Mason Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	i illicipai occu	auton 7 300 title (See matucitons)		Employer (See instructions	')		
	Date 07/06/2023	Full name of contributor out-of-state Manning, Dr. Sam Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78664					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 09/27/2023	Full name of contributor out-of-state Manning, Dr. Sam Contributor address; City; State; Zip Code Round Rock, TX 78664	-)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor out-of-state Martin, Elizabeth Contributor address; City; State; Zip Code Georgetown, TX 78628				Amount of Contribution (\$)	\$50.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
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	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 33/61 Rpt: 36/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/30/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_		Georgetown, TX 78628					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 11/08/2023	Full name of contributor out-of-section out-of-sect	state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Not Employe			N/A	')		
	Date 09/02/2023	Full name of contributor out-of-s Martin, Maria Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Cedar Park, TX 78613					
	Principal occu Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions N/A	i)		
	Date 12/27/2023	McGuireWoods Federal PAC	state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 11/18/2023	Miller, Luanne	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/61 Rpt: 37/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 09/26/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_ Mitchell, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_Mitchell, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#:_ Mitchell, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/04/2023	Full name of contributor out-of-state PAC (ID#:_Mobley, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/61 Rpt: 38/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/04/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Duinning Langu	Corpus Christi, TX 78412	O Frankriger (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/02/2023	Full name of contributor out-of-state PAC (ID#:_Moore, Linda Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Morgan, Paul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77064-4273 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77064 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#:_Morgan, Paul Contributor address; City; State; Zip Code Houston, TX 77064			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/61 Rpt: 39/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/30/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Houston, TX 77064-4273				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#:_ Murphy, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Dringing aggr	Leander, TX 78641	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#: Murphy, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Leander, TX 78641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_ Murphy, Kevin Contributor address; City; State; Zip Code Leander, TX 78641			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/61 Rpt: 40/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 10/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#: Muse, Walter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 07/23/2023	Full name of contributor out-of-state PAC (ID#: Muse, Walter Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/23/2023	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/23/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/61 Rpt: 41/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 12/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
0	Dringing occur	Austin, TX 78727 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/18/2023	Full name of contributor out-of-state PAC (ID#:_ Musselman, KT (The Honorable) Contributor address; City; State; Zip Code Austin, TX 78717			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_ Nguyen, Brian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#:_ Nogalski, Megan Contributor address; City; State; Zip Code Devon, PA 19333			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#:_ Orkun, Maria Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 39/61 Rpt: 42/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	on Filers)
4	Date 10/20/2023	 Full name of contributor Ovintiv USA Inc PAC Contributor address; City; State; Z 	ut-of-state PAC (ID#: <u>C00</u>)431932	7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	Denver, CO 80202 pation / Job title (See Instructions)	اه	Employer (See Instructions	<u> </u>		
0	Fillicipal occu	Janott / Job line (See Instructions)	j	Employer (See instructions	,		
	Date 12/05/2023	Full name of contributor on or	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	D: : 1	New York, NY 10001	1				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/30/2023	Full name of contributor on Piner, Elizabeth Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78729					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/30/2023	Full name of contributor on the piner, Elizabeth Contributor address; City; State; Z Austin, TX 78729	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/02/2023	Piner, Elizabeth	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 40/61 Rpt: 43/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 07/30/2023	 Full name of contributor out-of piner, Elizabeth Contributor address; City; State; Zip C 	-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 08/03/2023		-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/30/2023	Full name of contributor out-of Piner, Elizabeth Contributor address; City; State; Zip C	-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/30/2023	Piner, Elizabeth	-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor out-of Piner, Elizabeth Contributor address; City; State; Zip C	-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/61 Rpt: 44/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 12/30/2023	 Full name of contributor out-of-state PAC (ID#:_Piner, Elizabeth Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
g	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	9 Employer (See Instructions			
	i illicipai occu	sation / Job title (See Instituctions)	5 Employer (See mandenons	')		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Piner, Elizabeth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/13/2023	Full name of contributor out-of-state PAC (ID#:_Ray, Jodi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Cedar Park, TX 78613				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/13/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Cedar Park, TX 78613 Dation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/13/2023	Full name of contributor out-of-state PAC (ID#:_Ray, Jodi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Cedar Park, TX 78613 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/61 Rpt: 45/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	n Filers)
4	Date 08/13/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Dringing Loon	Cedar Park, TX 78613	• Employer (See Instructions	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_Ray, Jodi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Ray, Jodi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Cedar Park, TX 78613				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 07/03/2023	Full name of contributor out-of-state PAC (ID#:_ Reames, Joan Contributor address; City; State; Zip Code Austin, TX 78750)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_ Reames, Joan Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	S	SCHEDULE A	1
	The Instru	ction Guide explains how to complete this form	n.	Total pages Schedule A1: Sch: 43/61 Rpt: 46/119	
	FILER NAME Bucy III, Joh	n H. (The Honorable)	;	Filer ID (Ethics Commission Filers 00069589	s)
	Date 12/28/2023	 Full name of contributor		7 Amount of Contribution (\$) \$50	0.00
8	Principal occu	Austin, TX 78750 pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Reames, Joan Contributor address; City; State; Zip Code Austin, TX 78750		Amount of Contribution (\$) \$2!	5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Reed, Susan Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50	0.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: Reed, Susan Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$56	0.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Reyes, Laurie Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$56	0.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/61 Rpt: 47/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 12/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/14/2023	Reynolds, Joseph Contributor address; City; State; Zip Code			, another Continuation (¢)	\$50.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions)		
	Timoipai ooda	pation / cos title (cos monastions)	Employer (Geo metrocione			
	Date 09/21/2023	Full name of contributor out-of-state PAC (ID#:_ Rife, Lynda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78745				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/08/2023	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/08/2023	Full name of contributor out-of-state PAC (ID#:_ Rushin, Camron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/61 Rpt: 48/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	n H. (The Honorable)			00069589	
4	Date 11/08/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78729				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/08/2023	Rushin, Camron				\$25.00
		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 (\$)	
	09/08/2023	Rushin, Camron				\$25.00
		Contributor address; City; State; Zip Code				
	Dain sin al acco	Austin, TX 78729	Faradayan (Oasadayan)	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/08/2023	Rushin, Camron				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/15/2023	Salathe, Douglas				\$100.00
		Contributor address; City; State; Zip Code				
		New York, NY 10019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/61 Rpt: 49/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 12/14/2023	 Full name of contributor out-of-state PAC (ID#:_Sanchez, Doris Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: Sauer, Kevin			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_Sauer, Kevin Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_Saval, Maureen Contributor address; City; State; Zip Code Leander, TX 78641-3654			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_Schlabach, Amy Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 47/61 Rpt: 50/119
2	FILER NAME Bucy III, Johi	n H. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069589
4		 Full name of contributor out-of-state PAC (ID#:_Slaughter, Johnny & Debra Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$1,500.00
8	Principal occup	Katy, TX 77494 pation / Job title (See Instructions)	9	Employer (See Instructions Cotton Logistics	<u> </u> 5)	
	Date 12/01/2023	Contributor address; City; State; Zip Code	••••)		Amount of Contribution (\$) \$50.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: Smith, Marie Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)		Employer (See Instructions	 - s)	
	Date 11/24/2023	Full name of contributor out-of-state PAC (ID#: Sosa, Guadalupe (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$25.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	 - s)	
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_Sosa, Guadalupe (The Honorable) Contributor address; City; State; Zip Code Austin, TX 78704				Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/61 Rpt: 51/119	=
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069589	
4	Date 09/16/2023	 Full name of contributor		7	Amount of Contribution (\$) \$15.00	-
		AUSTIN, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Southwest Airlines Co. Freedom Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00	-
		Dallas, TX 75235	- 1 (O) :	Ĺ		_
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_ Steensma, Jean Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00	-
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/18/2023	Full name of contributor out-of-state PAC (ID#:_ Stempko, Jessica Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$) \$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Date 07/18/2023	Full name of contributor out-of-state PAC (ID#:_Stempko, Jessica Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$) \$25.00	-
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
						-

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 49/61 Rpt: 52/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 10/18/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
Ω	Dringinal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions	_		
0	Principal occu	oalion7 Job title (See Instructions)	Employer (See instructions	')		
	Date 08/18/2023	Full name of contributor out-of-state PAC (ID#: Stempko, Jessica (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/18/2023	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#: Stempko, Jessica (The Honorable) Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:Stoddard, Mark Contributor address; City; State; Zip Code Austin, TX 78723)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 50/61 Rpt: 53/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission F 00069589	Filers)
4	Date 10/30/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_		realist, cop the (coe mendations)	E Employer (eee medaciions)			
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions)		
	T Tillelpai occa	pation / oob title (oce mandetons)	Employer (dee mandenons)	,		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78723				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions)		
	- IIIIcipai occu	pation / Job title (Jee matriculona)	Employer (See Instructions)	,		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 51/61 Rpt: 54/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission F 00069589	-ilers)
4	Date 08/14/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	T Illicipal occu	ration 7 300 title (See Instructions)	Employer (See instructions,			
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions))		
	· 	, ,				
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78723				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#: Stoddard, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/14/2023	Full name of contributor			Amount of Contribution (\$)	\$5.00
		Contributor address; City; State; Zip Code Austin, TX 78723				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 52/61 Rpt: 55/119	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	n H. (The Honorable)			00069589	
4	Date 12/30/2023	5 Full name of contributor ☐ out-of-state PAC (ID# Stoddard, Mark 6 Contributor address; City; State; Zip Code	:)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78723				
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 (\$)	
	12/28/2023	Strucke, William				\$100.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor uut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	09/15/2023	TAPA PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	1 	Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor ut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	12/15/2023	Tejchma, Manuela				\$25.00
		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 (\$)	
	12/30/2023	Telles Jr, Ramon				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78729	,			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 53/61 Rpt: 56/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	on Filers)
4	Date 09/29/2023				7	Amount of Contribution (\$)	\$2,500.00
	Dringing agg	Austin, TX 78701	lo lo	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 07/01/2023	Full name of contributor out-of-s Thompson, Dianne Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78664					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/01/2023	Full name of contributor out-of-s Thompson, Dianne Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78664					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/01/2023	Thompson, Dianne				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/01/2023	Thompson, Dianne	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRI	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 54/61 Rpt: 57/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 09/01/2023		e PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Dringing! gage	Round Rock, TX 78664	6 Employer/Coo lectrication	-20		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ins)		
	Date 10/01/2023	Thompson, Dianne Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructio	ns)		
	Date 10/30/2023	Full name of contributor out-of-state Thompson, George Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 11/30/2023	Thompson, George Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 07/02/2023	Full name of contributor out-of-state Touchet, Stephen Contributor address; City; State; Zip Code Austin, TX 78729	e PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
			'			

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/61 Rpt: 58/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)			3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 11/04/2023	5 Full name of contributor Touchet, Stephen6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	1	Employer (See Instructions)		
	Date 08/13/2023	· · · · · · · · · · · · · · · · · · ·	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/21/2023	Touchet, Stephen Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/16/2023	Full name of contributor Tyrrell, Judith Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/18/2023	Full name of contributor Ulmer, Tedra Contributor address; City; State; Brady, TX 76825	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 56/61 Rpt: 59/119
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069589
4	Date 12/13/2023	 Full name of contributor		7	Amount of Contribution (\$) \$1,500.00
g	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	9 Employer (See Instructions		
0	Principal occu	Jalion / Job title (See Instructions)	5 Employer (See Instructions)	
	Date 09/29/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
	Princinal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
	Timopai occu	sation, oob title (occ mandations)	Employer (See instructions	,	
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_ Van De Putte, Leticia (The Honorable) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
		Castle Hills, TX 78213			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_Vasudevan, Vera Contributor address; City; State; Zip Code CEDAR PARK, TX 78613			Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 07/03/2023	Full name of contributor out-of-state PAC (ID#:_Villareal, Becky Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$) \$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/61 Rpt: 60/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commissio 00069589	n Filers)
4	Date 09/26/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		Cedar Park, TX 78613-4034				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/16/2023	Full name of contributor out-of-state PAC (ID#:_ Villarreal, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Cedar Park, TX 78613-4034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: Villarreal, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Cedar Park, TX 78613-4034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Vistra Employees PAC Contributor address; City; State; Zip Code Irving, TX 75039)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (ID#:_ Vovk, Jane Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 58/61 Rpt: 61/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	ı Filers)
4	Date 12/29/2023	 Full name of contributor	_	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78722	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: Warriner, George Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78717	1	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: Watson, Patricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Cedar Park, TX 78613				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/14/2023	Full name of contributor out-of-state PAC (ID#: West, Mellen Contributor address; City; State; Zip Code Dallas, TX 75223			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#: Wilby, Eliza Contributor address; City; State; Zip Code Austin, TX 78717			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
			I			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/61 Rpt: 62/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	ı Filers)
4	Date 10/10/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deireitad	Austin, TX 78717	lo 5l. (O. J.			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_Wilby, Eliza Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringinal occu	Austin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Fillicipal occu	Janoi 17 Job line (See Instructions)	Employer (See Instructions	·)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Wilby, Eliza Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78717				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/10/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 12/10/2023	Full name of contributor out-of-state PAC (ID#:_ Wilby, Eliza Contributor address; City; State; Zip Code Austin, TX 78717			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/61 Rpt: 63/119	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3	Filer ID (Ethics Commission 00069589	Filers)
4	Date 12/29/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date		2 Employer (See Instructions)		Amount of Contribution (\$)	
	07/01/2023	Full name of contributor out-of-state PAC (ID#: Woodard, Owen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions			
	- Tilloipai occa	pation / oob title (ooe moradions)	Employer (See manacions)			
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Woodard, Owen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/01/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID#: Woodard, Owen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringinal accu	Georgetown, TX 78628	Employer /See Instructions	\		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	NS	:	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Sch Sch: 61/61 Rp	
2	FILER NAME Bucy III, Joh	n H. (The Honorable)		3 Filer ID (Ethic: 00069589	s Commission Filers)
4	Date 09/01/2023	 Full name of contributor		7 Amount of Cont	ribution (\$) \$10.00
8	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions)		
•	Principal occu		Employer (See Instructions,	· · · · · · · · · · · · · · · · · · ·	
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2023 Woodard, Owen Contributor address; City; State; Zip Code			Amount of Cont	ribution (\$) \$10.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 	
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: Yawn, Gail Contributor address; City; State; Zip Code		Amount of Cont	ribution (\$) \$250.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: Yawn, Keith Contributor address; City; State; Zip Code		Amount of Cont	ribution (\$) \$500.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#: Yee, Edward Contributor address; City; State; Zip Code Round Rock, TX 78681		Amount of Cont	ribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>I</u> S)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 1/53 Rpt: 65/119	Bucy III, John H. (The Honorable)
4	Date	5 Payee name
	08/07/2023	360 Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	503 Colorado St
		Ste. 107
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/02/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.85	366 Summer St
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fees
		Great data processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/09/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.12	366 Summer St
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing foos
		Credit card processing fees
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/53 Rpt: 66/119	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	07/16/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.97	366 Summer St
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fees
		Croak sala processing loss
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/23/2023	ActBlue
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$3.77	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fees
		Croak sala processing loss
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/30/2023	ActBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.97	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Credit card processing fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/53 Rpt: 67/119	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	08/06/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.97	366 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Credit data processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dove name
	08/13/2023	Payee name
		ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.98	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Cradit cord processing foce
		Credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	08/20/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.57	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Cradit cord processing foos
		Credit card processing fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 4/53 Rpt: 68/119	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4	Date 08/27/2023	5 Payee name ActBlue
6	Amount (\$) \$1.39	7 Payee address; City; State; Zip Code 366 Summer St
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/03/2023	Payee name ActBlue
	Amount (\$) \$44.49	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/10/2023	Payee name ActBlue
	Amount (\$) \$13.06	Payee address; City; State; Zip Code 366 Summer St
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to com	-	te this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 5/53 Rpt: 69/119	Bucy III, John H. (The Honorable)		00069589
4	Date	5 Payee name		
	09/17/2023	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$13.48	366 Summer St		
		Somerville, MA 02144		
8	PURPOSE		(h)	Description
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, tooodhang, Banking		Check if Austin, TX, officeholder living expense
				Credit card processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/24/2023	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$14.05	366 Summer St		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Accounting/Banking	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	experientare to benefit of or	'		
	Date	Payee name		
	09/30/2023	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$16.05	367 Summer St		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Credit card processing fees
			_	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
	onponditure to benefit 6/01			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office Overhead/Rental Expens
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 6/53 Rpt: 70/119	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4	Date 10/01/2023	5 Payee name ActBlue	
6	Amount (\$) \$1.79	7 Payee address; City; State; Zip Code 368 Summer St Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/08/2023	Payee name ActBlue	
	Amount (\$) \$2.18	Payee address; City; State; Zip Code 369 Summer St Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/15/2023	Payee name ActBlue	
	Amount (\$) \$2.79	Payee address; City; State; Zip Code 370 Summer St	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment		The Instruction Guide explains how to	com	plete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
l	Sch: 7/53 Rpt: 71/119		Bucy III, John H. (The Honorable)				00069589		
4	Date	5	Payee name			<u> </u>			_
	10/22/2023		ActBlue						
6	Amount (\$)	7	Payee address; City; State; Zip	Code	е				_
l	\$4.36		371 Summer St						
l									
			Somerville, MA 02144						
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(k	Description				_
l	OF EXPENDITURE		Accounting/Banking		_		ide of Texas. Com		
					Credit card p		, officeholder living	g expense	
					Credit card p	100	cosing iccs		
9	Complete ONLY if direct		Candidate/Officeholder name Office	souat	nt		Office he	əld	
ľ	expenditure to benefit C/O		canadato, emocnoladi name	oougi			Omoc no	Sid	
H	Date	Т	Payee name						=
	10/29/2023		ActBlue						
┝	Amount (\$)	┢	Payee address; City; State; Zip	Code	<u> </u>				
l	\$1.79		372 Summer St						
			Somerville, MA 02144						
┝	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	la	Description				
	OF	``	Accounting/Banking			outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		3 · · · · · · · · · · · · · · · · · · ·				, officeholder living	g expense	
					Credit card p	roc	essing fees		
L	Commists ONII V if direct	<u> </u>	Condidate/Office halder name				Office he		_
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office	sougr	IL		Office he	eiu	
┝	Data	Г	Davida maria						_
	Date 11/05/2023		Payee name ActBlue						
L	Amount (\$)	┢	Payee address; City; State; Zip	Code					
	\$9.51		373 Summer St	Cour	5				
	40.01								
			Somerville, MA 02144						
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(k	Description				
l	EXPENDITURE		Accounting/Banking		ш		ide of Texas. Com , officeholder living	•	
					Credit card p			y expense	
					- 3 0 on o p				
H	Complete ONLY if direct	_	Candidate/Officeholder name Office	 sough	nt		Office he	eld	
	expenditure to benefit C/O	Н		-					
T									_
ᆫ									

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/53 Rpt: 72/119	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	11/12/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.09	374 Summer St
		Somerville, MA 02144
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/19/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.63	375 Summer St
		Somerville, MA 02144
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	<u>'</u>
	Date	Payee name
	11/26/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.35	376 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/53 Rpt: 73/119	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	12/03/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.05	377 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fees
		Ground data processing rose
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/10/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.18	378 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Cieuit caiu processing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/17/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.16	379 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4	Date 12/24/2023	5 Payee name ActBlue
6	Amount (\$) \$57.70	7 Payee address; City; State; Zip Code 380 Summer St
		Somerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/31/2023	Payee name ActBlue
	Amount (\$) \$84.84	Payee address; City; State; Zip Code 380 Summer St
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/26/2023	Payee name Action Network
	Amount (\$) \$21.00	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
rnse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	08/28/2023	Action Network
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	1900 L St NW
		#900
		Washington, DC 20036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email service
		Linai on vice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/26/2023	Action Network
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1900 L St NW
	Ψ10.00	#900
		Washington, DC 20036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	10/26/2023	Action Network
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.00	1900 L St NW
		#900
		Washington, DC 20036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- CAPETIALIANO LO BOTTOTIL OF CI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ŀ			_
1	Total pages Schedule F1: Sch: 12/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589	
4	Date	5 Payee name	_
	11/27/2023	Action Network	
ᆫ	11/2//2023	Action Network	_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	1900 L St NW	
		#900	
		Washington, DC 20036	
L		Washington, DC 20030	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense	
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Email service	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	•		_
	Date	Payee name	
	12/26/2023	Action Network	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$15.00	1900 L St NW	
	720.00	#900	
		Washington, DC 20036	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Email service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Payee name	=
	07/06/2023	,	
		Amazon	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.72	410 Terry Ave N	
		Seattle, WA 98109	
\vdash	PURPOSE	1	
	OF		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Plant pot	
\vdash	Complete CALLY " "	Condidate/Officeholder name	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to belieff 6/01	<u> </u>	
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 13/53 Rpt:	Bucy III, John H. (The Honorable) 00069589	
4	Date	5 Payee name	
	08/04/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.98	410 Terry Ave N	
	412.00	 	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Hanging supplies	
		Tranging supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/O	the state of the s	
	Date	Payee name	
	08/04/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Hanging supplies	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	CAPETIGITALE TO DELICIT C/OF	<u> </u>	
	Date	Payee name	
	10/10/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.54	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gift for departing staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (entry a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	10/24/2023	Amazon
6	Amount (\$) \$43.29	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
8	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 Mirror for office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/31/2023	Anna for LISD
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2300 Twisted Willow Ln Leander, TX 78641
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2023	Ashika For Austin Campaign
	Amount (\$) \$450.00	Payee address; City; State; Zip Code P.O. Box 50512
		Austin, TX 78763
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	08/14/2023	Austin AFL-CIO Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$263.47	P.O. Box 301074
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Labor Day program ad
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	07/07/2023	Blue Victory Communications, LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,623.75	P.O. Box 300624
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Video production
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	09/11/2023	Blue Victory Communications, LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$725.80	P.O. Box 300625
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Commucations
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ŀ			_
1	Total pages Schedule F1:		
l	Sch: 16/53 Rpt:	Bucy III, John H. (The Honorable) 00069589	
4	Date	5 Payee name	_
	10/18/2023	Blue Victory Communications, LLC	
╙			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,250.00	P.O. Box 300626	
l			
l		Austin, TX 78705	
ᆫ		Addill, 17 10105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
l	LXI ENDITORE	Check if Austin, TX, officeholder living expense	
l		Commucations	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨			_
	Date	Payee name	
	11/21/2023	Blue Victory Communications, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,250.00	P.O. Box 300627	
	Ψ1,230.00	1.O. DOX 300027	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Commucations	
⊢	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/31/2023	Blue Victory Communications, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	_
l	` '		
	\$1,250.00	P.O. Box 300628	
		Austin, TX 78705	
\vdash	PURPOSE	In.	_
l	OF		
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Commucations	
		Communications	
dash			_
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
Г			_
1			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1: Sch: 17/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069589
4	Date 07/07/2023	5 Payee name Boost Mobile	
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 9060 Irvine Center Dr	
8	PURPOSE OF EXPENDITURE	Checi	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign phone
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/07/2023	Payee name Boost Mobile	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr Irvine, CA 92618	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Descrip Check	ntion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign phone
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/07/2023	Payee name Boost Mobile	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr	
		Irvine, CA 92618	
	PURPOSE OF EXPENDITURE	Check	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense aign phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	10/10/2023	Boost Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	9060 Irvine Center Dr
		Irvine, CA 92618
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/06/2023	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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	12/06/2023	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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign phone
		Sampaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	07/20/2023	Burke, Kyle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		Legislative salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Dougo nama
	08/28/2023	Payee name Burke, Kyle
┝		
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd
	Ψ500.00	2203 Maicus Abianis bivu
		Auctio TV 70740
L	DUDDOOF	Austin, TX 78748
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative salary supplement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experioriture to beriefit C/O	
	Date	Payee name
	09/26/2023	Burke, Kyle
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2203 Marcus Abrams Blvd
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative salary supplement
l		Legislative salary supplement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	10/31/2023	Burke, Kyle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2203 Marcus Abrams Blvd
		Austin, TX 78748
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative salary supplement
		Logiciante dataly supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/30/2023	Burke, Kyle
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2203 Marcus Abrams Blvd
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		Logislative stately supplement
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/31/2023	Burke, Kyle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2203 Marcus Abrams Blvd
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Legislative salary supplement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 21/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	09/13/2023	Cedar Park Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	1460 E. Whitestone Blvd
		Ste. 180
		Cedar Park, TX 78613
8	PURPOSE	To.
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/13/2023	Cedar Park Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1460 E. Whitestone Blvd
		Ste. 180
		Cedar Park, TX 78613
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State of the City tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davisa warea
	Date	Payee name
	12/30/2023	Cedar Park Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1460 E. Whitestone Blvd
		Ste. 180
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 22/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date 07/12/2023	5 Payee name Cedar Park Pride
6	Amount (\$)	7 Payee address; City; State; Zip Code
٥	\$500.00	2800 E. Whitestone Blvd
	Ψ300.00	Suite 120, PMB 101
		Cedar Park, TX 78613
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event sponsorship
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2023	Celia Israel Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	8708 S. Congress Ave
		Ste. 500, PMB 600
L		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2023	Central Texas Community Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,030.00	302 N. Lampasas St
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officenoider/Political Committee Parmer Lane Fire Recovery Fund
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling 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: 23/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	12/31/2023	Christian Manuel Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	505 Orleans St
		Beaumont, TX 77701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Campaign contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2023	Cody Grace for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 9492
	Ψ230.00	F.O. Box 9492
		Tyler, TX 75711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign contribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	'
	Date	Payee name
	09/11/2023	CostCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.35	10401 Research Blvd
	,	
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office snacks and drinks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 24/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4	Date	5 Payee name
	08/16/2023	Cupprimo
6	Amount (\$) \$5.20	7 Payee address; City; State; Zip Code 8650 Spicewood Springs Rd
	V-1-2	#105
		Austin, TX 78759
8	PURPOSE	
ľ	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cupcakes for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2023	Cupprimo
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.78	8650 Spicewood Springs Rd
		#105
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cupcakes for staff
		Capoance for stain
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2023	Dr. Lalani for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 6514
		Houston, TX 77265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/53 Rpt:	Bucy III, John H. (The Honorable)	00069589
4	Date	5 Payee name	·
	10/25/2023	Fresh Plus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.49	2917 W Anderson Ln	
		Austin, TX 78757	
8	PURPOSE		rintion
ľ	OF	· · · · · · · · · · · · · · · · · · ·	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		neck if Austin, TX, officeholder living expense
		Coffe	ee creamer
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	08/10/2023	Gannett	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.86	7950 Jones Branch Dr	
		McLean, VA 22107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ription
	OF EXPENDITURE	Office Overhead/Rental Expense	neck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		neck if Austin, TX, officeholder living expense
		New:	spaper subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Cince field
-	Data	Para de la companya d	
	Date 09/07/2023	Payee name Gannett	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.86	7950 Jones Branch Dr	
		M.L., VA 00407	
		McLean, VA 22107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	Onice Overneau/Nerital Expense	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
			spaper subscription
			•
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 26/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	10/05/2023	Gannett
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Dr
		McLean, VA 22107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper subscription
		The Hopesper Galace Higher
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	11/09/2023	Payee name Gannett
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Dr
		McLean, VA 22107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Newspaper subscription
		νενισμαρεί σαυστήμιση
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/07/2023	Gannett
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.86	7950 Jones Branch Dr
		McLean, VA 22107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Newspaper subscription
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	07/03/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.12	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GSuite
		Counte
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GSuite
		Counte
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	09/01/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		CSuito
		GSuite
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter	a category not listed a	above)
L	<u> </u>			The Instruction G	Guide explains h	ow to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAMI	E					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 28/53 Rpt:		Bucy III, Jo	hn H. (The Hon	orable)					00069589		
4	Date	5	Payee name	:								
l	10/02/2023		Google LLC									
 -	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Co	nde					
	\$19.19	ľ		nitheatre Pkwy	State,	p						
l	Ψ13.13		1000 / tillpi	nuicane i kwy								
l												
L		L	Mountain V	'iew, CA 94043								
8	PURPOSE	(a)	Category (S	see Categories listed at	the top of this sched	dule)	(b)	Description				
l	OF EXPENDITURE		Office Over	head/Rental Ex	pense			=			mplete Schedule T.	
l								_	, TX,	officeholder livir	ig expense	
l								GSuite				
L												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Of	ffice sou	ght			Office h	ield	
L	experialiture to benefit C/Oi	''										
Г	Date		Payee name									
l	10/13/2023		Google LLC									
H	Amount (\$)	T	Payee addre	ess; City;	State;	Zip Co	de					
l	\$21.31		1600 Amph	nitheatre Pkwy								
				,								
			Mountain V	/iow CA 04042								
L		ļ.,		'iew, CA 94043		1						
l	PURPOSE OF	(a)		ee Categories listed at		dule)	(b)	Description		df.T O	ondete Cabadala T	
l	EXPENDITURE		Office Over	head/Rental Ex	pense			=		officeholder livir	nplete Schedule T.	
								Google storage			g enpense	
l	Google Storage											
⊢	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	Of	ffice sou	aht			Office h	neld	
l	expenditure to benefit C/OH											
⊨		_										
l	Date		Payee name									
L	11/01/2023		Google LLC	<u> </u>								
l	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
l	\$19.19		1600 Amph	nitheatre Pkwy								
l												
l			Mountain V	iew, CA 94043								
┝	PURPOSE	(a)	Category (s	ee Categories listed at	the ten of this coher	dulo)	(b)	Description				
l	OF	``		head/Rental Ex		uui e)	()	`	outsi	de of Texas. Cor	mplete Schedule T.	
l	EXPENDITURE		011100 0101	rioda, rioma, 2	.porioo			Check if Austin,	, TX,	officeholder livir	g expense	
l								GSuite				
Г	Complete ONLY if direct		Candidate/Off	iceholder name	Of	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	12/01/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GSuite
		GSuite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	_	
	Date	Payee name
	11/01/2023	Greg Casar for Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 301923
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		LVCIII ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	07/28/2023	Groff, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	817 Bogart Rd
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		Legislative Salary Supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	08/28/2023	Groff, Sara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	817 Bogart Rd
		Cedar Park, TX 78613
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		2 Samuel Landy Copper
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2023	Groff, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	817 Bogart Rd
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative salary supplement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	Groff, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	817 Bogart Rd
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		Legislative salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4		5 Payee name Ground Game Texas
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 310 Austin, TX 78767
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/15/2023	Payee name HEB
	Amount (\$) \$80.30	Payee address; City; State; Zip Code 5808 Burnet Rd Austin, TX 78756
	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 Office snacks and drinks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/10/2023	Payee name HEB
	Amount (\$) \$39.01	Payee address; City; State; Zip Code 5808 Burnet Rd
		Austin, TX 78756
	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 Office snacks and drinks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/53 Rpt: Bucy III, John H. (The Honorable) 00069589 4 Date Payee name 11/15/2023 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$80.79 5808 Burnet Rd Austin, TX 78756 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office snacks and drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/2023 **HEB** Amount (\$) Payee address; City; State; Zip Code \$24.62 2701 E. 7th St Austin, TX 78702 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office snacks and drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2023 Heather Jefts Campaign Amount (\$) Payee address: City: State; Zip Code \$250.00 1202 Willowbrook Dr Cedar Park, TX 78613 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Ct Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	07/15/2023	Heinrich, Allison
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2301 Ohlen Rd
		#107
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign management/consulting
		Campaign management consuming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/28/2023	Heinrich, Allison
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2301 Ohlen Rd
		#107
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		Legislative salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2023	Heinrich, Allison
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2301 Ohlen Rd
		#107
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign management/consulting
		Campaign management/consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/53 Rpt:	Bucy III, John H. (The Honorable)	00069589
4	Date	5 Payee name	
	08/28/2023	Heinrich, Allison	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	2301 Ohlen Rd	
		#107	
		Austin, TX 78757	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Goritract Eabor	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense Alary supplement
		Legislative se	adiy supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Gillioc Hold
_	Date	Payee name	
	09/15/2023	Heinrich, Allison	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	2301 Ohlen Rd	
	Ψ1,000.00	#107	
		Austin, TX 78757	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Campaign m	anagement/consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/26/2023	Heinrich, Allison	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2301 Ohlen Rd	
		#107	
		Austin, TX 78757	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	LAI LINDITORE		, TX, officeholder living expense
		Legislative sa	alary supplement
	Complete ONL V if direct	Condidate/Officeholder name Office county	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	10/15/2023	Heinrich, Allison
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2301 Ohlen Rd
		#107
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign management/consulting
		Campaign management/consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	10/31/2023	Heinrich, Allison
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2301 Ohlen Rd
		#107
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Legislative salary supplement
		Legislative salary supplement
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/15/2023	Heinrich, Allison
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2301 Ohlen Rd
		#107
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign management/consulting
		Campaign management/consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal Se		·		Vages	ete this form.			Out of Dis R (enter a	strict category not listed	l above)
1	Total pages Schedule F1:	2	EII ED NIAME						-	3	Filer I		(Ethics Comm	ission Filers)
	Sch: 36/53 Rpt:	ے	Bucy III, Joh		(The Hone	orable)				ا	0006		(Luncs Contin	iooiuii iittioj
4	Date	5	Payee name											
	11/30/2023		Heinrich, Al	lison										
6	Amount (\$)	7	Payee addres		City;	Stat	e; Zip Co	ode						
	\$500.00		2301 Ohlen	ı Rd										
			#107											
L			Austin, TX	78757 										
8	PURPOSE	(a)	Category (Se				chedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa	ages/C	Contract L	abor			므				plete Schedule T.	
							İ		Check if Austin. Legislative sa					
										المالية	, Jup	₁ =		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cehold	er name		Office sou	ght			0	Office he	əld	
		_								_				
	Date		Payee name		_ _		_ _	_		_	_	_		
	12/15/2023	L	Heinrich, Al	lison										
	Amount (\$)		Payee addres	•	City;	Stat	e; Zip Co	ode						
	\$1,000.00		2301 Ohlen	n Rd										
			#107											
			Austin, TX 7	78757 _							_			
	PURPOSE	(a)	Category (Se			the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Consulting I	Expen	ise				=				plete Schedule T.	
							ļ		Campaign ma					
										16			······	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	icehold	ler name		Office sou	ght			C	Office he	eld	
	Date	Γ	Payee name											
	12/31/2023		Heinrich, Al	lison										
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	nde						_
	\$500.00		2301 Ohlen	Rd										
			#107											
			Austin, TX 7	78757										
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at	the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa	-		•	-						plete Schedule T.	
							İ		Check if Austin					
									Legislative sa	aıaľ	y sup	hieillei	ı it	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	cehold	er name		Office sou	Laht				Office he	eld .	
	expenditure to benefit C/OF			. 50.1010			355 556	J. 11			Č		-: -:	
_		41·'												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 37/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4	Date 10/10/2023	5 Payee name J Carver's
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 509 Rio Grande St
8	PURPOSE OF EXPENDITURE	Austin, TX 78701 (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 Gift for departing staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/11/2023	Payee name Jim Penniman-Morin for Cedar Park
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2810 Zambia Dr Cedar Park, TX 78613
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/07/2023	Payee name Legislative Solutions, LLC
	Amount (\$) \$295.00	Payee address; City; State; Zip Code P.O. Box 5643
		Austin, TX 78763
	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 blast
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 38/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4 Date 07/28/2023	5 Payee name NGPVan, Inc
6 Amount (\$) \$682.24	7 Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database software
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 08/02/2023	Payee name NGPVan, Inc
Amount (\$) \$341.12	Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 09/05/2023	Payee name NGPVan, Inc
Amount (\$) \$341.12	Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	10/02/2023	NGPVan, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$341.12	655 15th St. NW
		Ste. 650
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Database software
		Database software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	11/02/2023	NGPVan, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	655 15th St. NW
		Ste. 650
		Washington, DC 20005
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/15/2023	NGPVan, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.12	655 15th St. NW
		Ste. 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Database software
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment		The Instruction Guide explains how to c	omple	lete this form.
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)
	Sch: 40/53 Rpt:	ot	Bucy III, John H. (The Honorable)		00069589
4	Date	5	Payee name		
_	11/27/2023	Ļ	Nespresso State 7 to 0	\	
6	Amount (\$) \$138.80	7	Payee address; City; State; Zip C 111 W. 33rd St	ode	
	Ψ130.00		5th Floor		
			New York, NY 10120		
8	PURPOSE	(2)		T _(b)	Description
٥	OF	(")	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		- γ-		Check if Austin, TX, officeholder living expense
					Coffee
9	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so		Office held
9	expenditure to benefit C/O		Janutuate/Oniceriolder frame Onice so	ugni	Office field
_	Date	$\overline{}$	Payee name		
	12/31/2023		Ortiz for Texas		
	Amount (\$)	╀	Payee address; City; State; Zip C	;ode	
	\$250.00		P.O. Box 286	-000	
	,				
			Corpus Christi, TX 78403		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		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
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held
	experientare to benefit eror	<u>''</u>			
	Date		Payee name		
	07/27/2023	╙	Parker, Ashika		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$500.00		1307 Norwalk Ln		
			Apt 204		
		Ļ	Austin, TX 78703	T	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Legislative salary supplement
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	08/28/2023	Parker, Ashika
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1307 Norwalk Ln
		Apt 204
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Legislative salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
F	Date	Payee name
	09/26/2023	Parker, Ashika
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1307 Norwalk Ln
		Apt 204
		Austin, TX 78703
_	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Legislative salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	10/31/2023	Parker, Ashika
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1307 Norwalk Ln
		Apt 204
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Legislative salary supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ı		
	expenditure to benefit C/OI	H
		H
		H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	11/30/2023	Parker, Ashika
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1307 Norwalk Ln
		Apt 204
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORL	Check if Austin, TX, officeholder living expense
		Legislative salary supplement
_	Operation ONLY if allowed	Our stide to 10 ff as health are seen as 10 ff as health
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	<u> </u>	
	Date	Payee name
	12/31/2023	Parker, Ashika
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1307 Norwalk Ln
		Apt 204
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	—	Check if Austin, TX, officeholder living expense Legislative salary supplement
		Legislative salary supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies warms
	Date 10/16/2023	Payee name Perry's Steakhouse & Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$504.88	11801 Domain Blvd
		Austin, TX 78758
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff lunch
		Gran randii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	09/29/2023	Planned Parenthood of Greater Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	201 E. Ben White Blvd
		Bldg B
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Chanasis denaisin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	07/28/2023	Pressable
	Amount (\$)	Payee address; City; State; 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 schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web hosting
		Web nosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2023	Pressable
	Amount (\$)	Payee address; City; State; 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 schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Web hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 44/53 Rpt:	Bucy III, John H. (The Honorable)		00069589
4	Date	5 Payee name		•
	09/28/2023	Pressable		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$25.00	110 E. Houston St		
		7th Floor		
		San Antonio, TX 78205		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Web hosting
_	Occupation ONLY if alignent	Oscalidate (Office helder game)	1 4	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	gnt	Office held
	Date	Payee name		
	10/30/2023	Pressable		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$25.00	110 E. Houston St		
		7th Floor		
		San Antonio, TX 78205		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Web hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Office field
	Data	D		
	Date 11/28/2023	Payee name Pressable		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$25.00	110 E. Houston St		
		7th Floor		
		San Antonio, TX 78205		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Web hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	g, it	Onice field

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	12/28/2023	Pressable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	110 E. Houston St
		7th Floor
_		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Web hosting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.00	13675 N. Hwy 183
		A
		Austin, TX 78750
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage unit rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to believe even	
	Date	Payee name
	08/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.00	13675 N. Hwy 183
		Auglia TV 707F0
		Austin, TX 78750
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage unit rent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	09/05/2023	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.00	13675 N. Hwy 183
		Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage unit rent
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	10/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.00	13675 N. Hwy 183
l		Austin, TX 78750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Storage unit rent
		Storage unit ront
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/19/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	13675 N. Hwy 183
	¥==.0 .	
		Austin, TX 78750
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lock fee
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beriefft C/Of	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	11/03/2023	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.00	13675 N. Hwy 183
		Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage unit rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	12/04/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.00	13675 N. Hwy 183
		Austin, TX 78750
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage unit rent
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/19/2023	Round Rock Chamber of Commerce
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	212 E. Main St
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Event ticket
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholde Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedul	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers
Sch: 48/53 Rpt	Bucy III, John H. (The Honorable) 00069589
4 Date	5 Payee name
12/11/2023	Round Rock Chamber of Commerce
6 Amount (\$) \$30	7 Payee address; City; State; Zip Code 212 E. Main St Round Rock, TX 78664
8 PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber dues
9 Complete <u>ONLY</u> if di expenditure to benef	
Date	Payee name
12/31/2023	Sade Fashokun Campaign
Amount (\$) \$25	Payee address; City; State; Zip Code 1841 S. Lakeline Blvd #101-114 Cedar Park, TX 78613
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if di expenditure to benef	
Date 10/13/2023	Payee name Succulent Native
Amount (\$) \$7	Payee address; City; State; Zip Code 5501 N. Lamar Blvd a101 Austin, TX 78751
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 Gift for departing staff
Complete ONLY if di expenditure to benef	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 49/53 Rpt:	Bucy III, John H. (The Honorable)	00069589
4 Date	5 Payee name	
09/11/2023	Target	
6 Amount (\$) \$71.72	7 Payee address; City; State; Zip Code 10107 Research Blvd Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	1 coa/Beverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense and drinks
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
Date	Payee name	
10/30/2023	Target	
Amount (\$) \$79.11	Payee address; City; State; Zip Code 10107 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	T T OOU/Deverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense and drinks
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
Date 09/12/2023	Payee name Texas AFL-CIO	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701	
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rship
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cou

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing 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: 50/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	09/27/2023	Texas AFL-CIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	1106 Lavaca St
		#200
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Golf tournament fee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/18/2023	Texas Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.26	1400 Congress Ave
		E1.006
		Austin, TX 78701
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	08/14/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	314 E. Highland Mall Blvd
		#508
		Austin, TX 78752
	PURPOSE	(a) Category (c. c. : r. + (u) + (lh) Description
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	OF	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VAN access Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VAN access Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VAN access Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 51/53 Rpt:	Bucy III, John H. (The Honorable) 00069589
4	Date	5 Payee name
	12/30/2023	Texas House Democratic Campaign Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 1925
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign contribution
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2023	Tractor Supply Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.50	801 Purple Heart Trl
		Georgetown, TX 78626
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parade supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	08/02/2023	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	823 Congress Ave
		Ste. 150
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense P.O. Box rental
		T.O. Box Tornal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Gilt/Awards/Memorial Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 52/53 Rpt:		Bucy III, Joh	n H. (The Hon	orable)					00069589		
4	Date	5	Payee name					•	_			
	11/01/2023		University D	emocrats								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	ode					
	\$250.00		2819 Rio Gr	ande St								
			#610									
			Austin, TX 7	8705								
8	PURPOSE	⊢					(b)	Description				
ľ	OF			e Categories listed at s/Donations M		edule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po		ittee		Check if Austin,	, TX,	officeholder livin	g expense	
								Event sponso	orsh	nip		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	12/31/2023		Venton Jone	es for Texas								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$250.00		1075 Griffin	St, West								
			Dallas, TX 7	5215								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			=			nplete Schedule T.	
	ZA ZADITORZ		Candidate/Officeholder/Political Committee Campaign co			ш	in, TX, officeholder living expense					
								Campaign co	וווווו	ibulion		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h		
	expenditure to benefit C/OI		Januluale/Onic	enoluei name		Jilice 30u	giit			Office II	eiu	
	Data	1										
	Date 11/29/2023		Payee name	on/ Fund								
		-	WCDP Prima									
	Amount (\$)	ı	Payee addres		State;	Zip Co	ode					
	\$750.00		1915 S. Aus	tin Ave								
			_									
			Georgetown	, TX 78626								
	PURPOSE OF	1		e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					<u></u>		de of Texas. Con officeholder livin	nplete Schedule T.	
								Filing fee	, .,.,	omeended iivii	g expense	
								Ŭ				
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 53/53 Rpt:	2 FILER NAME Bucy III, John H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069589
4	Date	5 Payee name
	11/29/2023	Williamson County Democratic Party PAC
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1296
		Georgetown, TX 78627
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2023	Worley Printing
_		, ,
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.37	3217 N. IH-35
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Flyers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2023	Xian Sushi and Noodle
	00/10/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.36	1801 E. 51st St
		C370
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.						pages Schedule K: 1/2 Rpt: 118/119		
2	FILER NAME Bucy III, Joh						C (Ethics Commission Fi	lers)	
4	Date 07/07/2023	5 Name of person from whom amount is received					8 Amount (\$)	\$1.71	
		7	San Antonio, TX 78296 Purpose for which amount is received	Check if pol	litic	al cont	ribution returned to filer		
	Date Name of person from whom amount is received 08/04/2023 Frost Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$2.73			
			San Antonio, TX 78296 Purpose for which amount is received Interest	Check if pol	litic	al cont	I ribution returned to filer		
	Date O9/07/2023 Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code					Amount (\$)	\$3.24		
			San Antonio, TX 78296 Purpose for which amount is received	Check if pol	litic	al cont	ribution returned to filer		
	Date 10/05/2023		Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code		••••		Amount (\$)	\$2.26	
			San Antonio, TX 78296 Purpose for which amount is received Interest	Check if pol	litic	al cont	ribution returned to filer		
	Date 11/06/2023		Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$2.43	
			San Antonio, TX 78296 Purpose for which amount is received	Check if pol	litic	al cont	ribution returned to filer		
		•							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 119/119 2 FILER NAME Filer ID (Ethics Commission Filers) Bucy III, John H. (The Honorable) 00069589 5 Name of person from whom amount is received 8 Amount (\$) 12/06/2023 Frost Bank \$2.57 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 11/20/2023 Google LLC \$19.04 Address of person from whom amount is received; City; State; Zip Code Mountain View, CA 94043 Purpose for which amount is received Check if political contribution returned to filer partial refund of storage fee expense