

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00069589	<b>2 Total pages filed:</b> 74	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR The Honorable	FIRST John H.	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 10/08/2024
	NICKNAME	LAST Bucy	SUFFIX III	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 536  Austin, TX 78767		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mrs.	FIRST Heather Sanders	MI	
	NICKNAME	LAST Jefcs	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1202 Willowbrook Dr.  Cedar Park , TX 78613		APT / SUITE #;	CITY; STATE; ZIP CODE
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (512)	PHONE NUMBER 529-4987	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 07/01/2024	THROUGH	Month    Day    Year 09/26/2024	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) State Representative District 136		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 136	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME      Bucy III, John H. (The Honorable)      **14** Filer ID      (Ethics Commission Filers)  
00069589

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,655.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	44,512.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	35,558.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	36,375.00

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable John H. Bucy III  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Bucy III, John H. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00069589
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,655.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 44,512.32
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 8.65

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/43 Rpt: 4/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahlgren, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aleman, Monica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) State		Employer (See Instructions) State
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Clifford <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Clifford <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ault, Andrea <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) University of Texas at Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/43 Rpt: 5/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Autry Public Affairs LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avey, Melinda <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00235739 ) BSNF Rail PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76161	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Backer, Susan <hr/> Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barry, Catherine <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VHA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/43 Rpt: 6/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barry, Catherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Health Science Specialist		<b>9</b> Employer (See Instructions) VHA
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bentley Public Affairs <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berry, Robin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berry, Robin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Editor/Publisher		Employer (See Instructions) TCEQ
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berthold, Patricia <hr/> Contributor address; City; State; Zip Code  Bakersfield, CA 93314	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/43 Rpt: 7/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beu, Laurie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self-Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackard, Patrick M <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Self-Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackson, Steve <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Landscape Design		Employer (See Instructions) Windy Point Garden Railroads
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bratton, Barbara <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bratton, Barbara <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/43 Rpt: 8/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns & McDonnell Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butcher, Michelle <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butcher, Michelle <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butcher, Michelle <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Luis <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Courier		Employer (See Instructions) Spectrum Delivery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/43 Rpt: 9/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chmeleck, Marianne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chmeleck, Marianne <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chmeleck, Marianne <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarke Torres, Colette <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conklin for County Judge <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/43 Rpt: 10/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conklin, Blane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664-4434	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Systems Analyst		<b>9</b> Employer (See Instructions) UT System
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Liberte <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dimas II, Constancio <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Apple
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DuTeil, Norma Diane <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DuTeil, Norma Diane <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/43 Rpt: 11/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DuTeil, Norma Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ducharme, Jacalyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ducharme, Jacalyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ducharme, Jacalyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dye, Mary <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78630	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/43 Rpt: 12/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elkner, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ernst, James & Jerilyn <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erskine, Patricia <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erskine, Patricia <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farnsworth, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) RSLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/43 Rpt: 13/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felthouser, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flannigan, Jimmy (The Honorable) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Austin Convention Enterprises Inc.
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fortanely, Eugenio <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Engineer
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Linda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Virginia <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/43 Rpt: 14/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandaria-Escamilla, Sara	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Round Rock ISD
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandaria-Escamilla, Sara	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/43 Rpt: 15/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandaria-Escamilla, Sara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Round Rock ISD
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Community Engagement Director		Employer (See Instructions) Meridian School
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giner, Maria-Elena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PhD student		Employer (See Instructions) UT LBJ Public Public Affairs
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giner, Maria-Elena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) PhD Student		Employer (See Instructions) UT LBJ Public Public Affairs
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ginther, Gray <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Senior 3D Character Artist		Employer (See Instructions) Nintendo

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/43 Rpt: 16/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HCA Texas Good Government Fund	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00386029 ) HNTB Holdings Ltd. PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Kansas City, MO 64105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Half Associates - State PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haralson, David	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Corporate Training		Employer (See Instructions) Applied Materials

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/43 Rpt: 17/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haralson, David	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681		
<b>8</b> Principal occupation / Job title (See Instructions) Corporate Training		<b>9</b> Employer (See Instructions) Applied Materials
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Health Care Service Corporation PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Melinda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Lee	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Stockton, CA 95212		
Principal occupation / Job title (See Instructions) Dr. Manager		Employer (See Instructions) Once Upon a Farm
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkle, Kali	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/43 Rpt: 18/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hislop, Martha	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681		
<b>8</b> Principal occupation / Job title (See Instructions) Designer		<b>9</b> Employer (See Instructions) Edible Arrangements
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hislop, Martha	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Edible Arrangements
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooper, Hanna	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooper, Hanna	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooper, Hanna	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/43 Rpt: 19/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jasek, Wesley	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681		
<b>8</b> Principal occupation / Job title (See Instructions) Director, Central Texas		<b>9</b> Employer (See Instructions) BGE
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jefts, Heather	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, D Allison	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Service Delivery Manager		Employer (See Instructions) Dell Techologies
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Robert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/43 Rpt: 20/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Robert	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75218		
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Self-Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Robert	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Josh, Kelly	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78750-1422		
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) SEIU
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Josh, Kelly	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78750-1422		
Principal occupation / Job title (See Instructions) Director of Finance		Employer (See Instructions) SEIU
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalina, Laurel	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/43 Rpt: 21/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kannenberg, Wade	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Sherman, TX 75090		
<b>8</b> Principal occupation / Job title (See Instructions) Electronic Technician		<b>9</b> Employer (See Instructions) Texas instruments
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Henry	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Round rock, TX 78664		
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Henry	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Round rock, TX 78664		
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Henry	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Round rock, TX 78664		
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Hulk Automotive
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kloba, Katheen	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78750		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/43 Rpt: 22/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Meredith	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729		
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions) Self-Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Legrand, Christina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Brigid	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/43 Rpt: 23/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, Brigid	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) List, Amanda	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78757		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) AList Consulting
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowenberg, Julie & Michael	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-7809		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutes, Lavern	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutes, Lavern	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/43 Rpt: 24/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutes, Lavern <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Electrical Engineer		<b>9</b> Employer (See Instructions) Psemi Corporation
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutes, Lavern <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Psemi Corporation
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutes, Molly <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Student
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maas, Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manning, Sam (Dr.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/43 Rpt: 25/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sam (Dr.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sam (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Sam (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansolo, Leslie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/43 Rpt: 26/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
<b>Date</b> 07/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Maria <hr/> <b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 09/18/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Maria <hr/> <b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 07/21/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matos, Jorge <hr/> <b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78681	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Technical Architect		<b>Employer (See Instructions)</b> Salesforce
<b>Date</b> 08/04/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKenzie, Robert <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78750	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/43 Rpt: 27/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mejia, Raymond	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
<b>8</b> Principal occupation / Job title (See Instructions) Emergency Management		<b>9</b> Employer (See Instructions) FEMA
<b>Date</b> 08/09/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mejia, Raymond	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	
<b>Principal occupation / Job title (See Instructions)</b> Emergency Management		<b>Employer (See Instructions)</b> FEMA
<b>Date</b> 07/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Kent C (Rev.)	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78729	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 08/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Kent C (Rev.)	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78729	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 07/18/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, John	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78756	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/43 Rpt: 28/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, John	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, John	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Paul	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77064-4273		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Paul	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77064-4273		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morlier, Ethelynn	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/43 Rpt: 29/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muse, Walter	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) State of Texas
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muse, Walter	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78727		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muse, Walter	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78727		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orozco, Andrea	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Advocacy Lead		Employer (See Instructions) Interfaith Power & Light DMV
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orozco, Andrea	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Advocacy Lead		Employer (See Instructions) Interfaith Power & Light DMV

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/43 Rpt: 30/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Packard, Karen	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
<b>8</b> Principal occupation / Job title (See Instructions) Retired Teacher / Teacher Educator		<b>9</b> Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pape-Dawson Engineers PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78213		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Marcella	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78750		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/43 Rpt: 31/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Planning Assistant		Employer (See Instructions) NJ Pinelands Commission
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/43 Rpt: 32/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Planning Assistant		<b>9</b> Employer (See Instructions) NJ Pinelands Commission
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piner, Elizabeth <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prendergast, Daria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RS&H PAC Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/43 Rpt: 33/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ravey, Tim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Admissions Officer		<b>9</b> Employer (See Instructions) University of California Berkeley
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reames, Joan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reames, Joan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reames, Joan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rice, Janet <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/43 Rpt: 34/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, Carrie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681-4055	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) President & Founder Consultancy		<b>9</b> Employer (See Instructions) Carrie Richardson dba CWR Strategies
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, Carrie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681-4055	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) Carrie Richardson dba CWR Strategies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, Carrie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681-4055	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) President & Founder Consultancy		Employer (See Instructions) Carrie Richardson dba CWR Strategies
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Marc A. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self-Employed
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rundell, Judy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/43 Rpt: 35/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rushin, Camron	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729		
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions) Ixia
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rushin, Camron	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Ixia
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rushin, Camron	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Ixia
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sadlo, Hailey	Amount of Contribution (\$)  \$125.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613-4080		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sampson Public Affairs, LLC	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/43 Rpt: 36/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheets, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Financial Advisor		<b>9</b> Employer (See Instructions) A+ FCU
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton, Kristin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton, Kristin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton, Kristin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Round Rock ISD
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherriff, Valarie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/43 Rpt: 37/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherriff, Valarie	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simpson, Henry	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) Confluent.io
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Janica	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Publishing Consultant		Employer (See Instructions) Self-Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stempko, Jessica	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stempko, Jessica (The Honorable)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/43 Rpt: 38/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stempko, Jessica (The Honorable) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stoddard, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stoddard, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stoddard, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TARO PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/43 Rpt: 39/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREPAC - Texas Association of Realtors PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00086587</u> ) Technology Network Texas PAC <hr/> Contributor address; City; State; Zip Code  Burlingame, CA 94010	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Reasonable Solutions, Inc <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas AFL-CIO State COPE Fund <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Automobile Dealers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/43 Rpt: 40/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Homecare & Hospice PAC - State <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Society of Anesthesiologists <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas State Teachers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Dianne <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Dianne <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/43 Rpt: 41/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Dianne	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Dianne	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Dianne	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Dianne	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, George	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) Web Application Programmer		Employer (See Instructions) RVH Solutions Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 39/43 Rpt: 42/74
2 FILER NAME Bucy III, John H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069589
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, George	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) Web Application Programmer		9 Employer (See Instructions) RVH Solutions Inc
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Touchet, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) N/A
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Touchet, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) N/A
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Touchet, Stephen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Utterback, Paul	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78729	
Principal occupation / Job title (See Instructions) Registered Land Surveyor		Employer (See Instructions) ATS Engineers

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/43 Rpt: 43/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warriner, George	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warriner, George	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Western WilCo Dems Club	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow, Stuart	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Legal Services Center
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilby, Eliza	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Thrive Pet Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/43 Rpt: 44/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilby, Eliza <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Thrive Pet Healthcare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilby, Eliza <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Thrive Pet Healthcare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kristen-Marie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Part Time Library Clerk		Employer (See Instructions) City of Austin
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Sondra <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Freelance Writer		Employer (See Instructions) Self-Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Sondra <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Freelance Writer		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/43 Rpt: 45/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Sondra	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
<b>8</b> Principal occupation / Job title (See Instructions) Freelance Writer		<b>9</b> Employer (See Instructions) Self-Employed
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Owen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yawn, Keith	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Director

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/43 Rpt: 46/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yawn, Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) State of Texas
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yee, Edward <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681-3853	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zyk, Jason <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19103	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Z Construction
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) de la Cruz, San Juanita <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/26 Rpt: 47/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/09/2024	<b>5</b> Payee name Access Education RRISD
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 5900 Balcones Dr Ste. 100 Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/26/2024	Payee name Action Network
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Amount (\$) \$13.00	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/26/2024	Payee name Action Network
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/26 Rpt: 48/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Action Network	
<b>6</b> Amount (\$) \$17.00	<b>7</b> Payee address; City; State; Zip Code 1900 L St NW #900 Washington, DC 20036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Agave Democratic Infrastructure Fund	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 50317  Austin, TX 78763	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Austin AFL-CIO Council	
Amount (\$) \$133.00	Payee address; City; State; Zip Code P.O. Box 301074  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day program ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/26 Rpt: 49/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/03/2024	<b>5</b> Payee name Big Brothers Big Sisters of Central Texas	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 4800 Manor Rd Bldg K Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name Blue Victory Communications, LLC	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code P.O. Box 300626  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Blue Victory Communications, LLC	
Amount (\$) \$1,353.13	Payee address; City; State; Zip Code P.O. Box 300626  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/26 Rpt: 50/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/19/2024	<b>5</b> Payee name Blue Victory Communications, LLC	
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 300626  Austin, TX 78705	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Blue Victory Communications, LLC	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code P.O. Box 300626  Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Blue Victory Communications, LLC	
Amount (\$) \$1,353.13	Payee address; City; State; Zip Code P.O. Box 300626  Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/26 Rpt: 51/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/08/2024	<b>5</b> Payee name Boost Mobile	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 9060 Irvine Center Dr  Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr  Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Boost Mobile	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 9060 Irvine Center Dr  Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/26 Rpt: 52/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name Bumperactive.com
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<b>6</b> Amount (\$) \$750.17	<b>7</b> Payee address; City; State; Zip Code 1045A Reinli St  Austin, TX 78723
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Koozies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name Burke, Kyle
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd  Austin, TX 78748
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/31/2024	Payee name Burke, Kyle
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 2203 Marcus Abrams Blvd  Austin, TX 78748
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/26 Rpt: 53/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 08/16/2024	<b>5</b> Payee name Cedar Park Chamber of Commerce
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber dues
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Cedar Park Chamber of Commerce
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 1460 E. Whitestone Blvd Ste. 180 Cedar Park, TX 78613
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name Central Market
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Amount (\$) \$40.61	Payee address; City; State; Zip Code 4001 N. Lamar Blvd  Austin, TX 78756
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/26 Rpt: 54/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 07/26/2024	<b>5</b> Payee name CheckMark Typesetting
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<b>6</b> Amount (\$) \$5,738.48	<b>7</b> Payee address; City; State; Zip Code 3217 N. IH-35  Austin, TX 78722
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/09/2024	Payee name Dr. Kristin Hook for Congress
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 17073  San Antonio, TX 78217
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2024	Payee name Dr. Wei For RRISSD
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 1003 Wren Ct  Round Rock, TX 78681
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/26 Rpt: 55/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/09/2024	<b>5</b> Payee name Find Out PAC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 762288  San Antonio, TX 78245	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name Gannett	
Amount (\$) \$15.86	Payee address; City; State; Zip Code 7950 Jones Branch Dr  McLean, VA 22107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name Gannett	
Amount (\$) \$15.86	Payee address; City; State; Zip Code 7950 Jones Branch Dr  McLean, VA 22107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/26 Rpt: 56/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/06/2024	<b>5</b> Payee name Gannett
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<b>6</b> Amount (\$) \$15.86	<b>7</b> Payee address; City; State; Zip Code 7950 Jones Branch Dr  McLean, VA 22107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/19/2024	Payee name Gino's East
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Amount (\$) \$141.24	Payee address; City; State; Zip Code 162 E. Superior St  Chicago, IL 60611
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during DNC
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2024	Payee name Google LLC
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Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/26 Rpt: 57/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 08/01/2024	<b>5</b> Payee name Google LLC
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<b>6</b> Amount (\$) \$23.03	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Google LLC
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Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/17/2024	Payee name HEB
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Amount (\$) \$142.53	Payee address; City; State; Zip Code 2701 E. 7th  Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/26 Rpt: 58/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/05/2024	<b>5</b> Payee name HEB
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<b>6</b> Amount (\$) \$125.39	<b>7</b> Payee address; City; State; Zip Code 1000 E. 41st St  Austin, TX 78751
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2024	Payee name HEB
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Amount (\$) \$33.70	Payee address; City; State; Zip Code 1000 E. 41st St  Austin, TX 78751
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks and drinks
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/15/2024	Payee name Heinrich, Allison
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/26 Rpt: 59/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Heinrich, Allison	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2024	Payee name Heinrich, Allison	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/26 Rpt: 60/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/15/2024	<b>5</b> Payee name Heinrich, Allison
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management/consulting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Jennifer Lee for Texas House District 55
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 1916  Temple, TX 76503
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name LaRessa For AISD
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 201  Austin, TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/26 Rpt: 61/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/31/2024	<b>5</b> Payee name Melissa Ross for RRISD Trustee Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 200202  Austin, TX 78720	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/26 Rpt: 62/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name NGPVan, Inc
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<b>6</b> Amount (\$) \$341.12	<b>7</b> Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2024	Payee name Nekosi Nelson Campaign
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 3550 N. Lakeline Blvd Ste. 170-1015 Leander, TX 78641
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/16/2024	Payee name Nespresso
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Amount (\$) \$199.80	Payee address; City; State; Zip Code 111 W. 33rd St 5th Floor New York, NY 10120
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/26 Rpt: 63/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/16/2024	<b>5</b> Payee name Nespresso
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<b>6</b> Amount (\$) \$85.50	<b>7</b> Payee address; City; State; Zip Code 111 W. 33rd St 5th Floor New York, NY 10120
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name North Italia
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Amount (\$) \$269.48	Payee address; City; State; Zip Code 500 W 2nd St #120 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name Parker, Ashika
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1307 Norwalk Ln Apt 204 Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/26 Rpt: 64/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 08/31/2024	<b>5</b> Payee name Parker, Ashika
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1307 Norwalk Ln Apt 204 Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative salary supplement
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/29/2024	Payee name Pressable
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 110 E. Houston St 7th Floor San Antonio, TX 78205
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name Pressable
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 110 E. Houston St 7th Floor San Antonio, TX 78205
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/26 Rpt: 65/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/13/2024	<b>5</b> Payee name Progress Texas
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 162922  Austin, TX 78716
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/03/2024	Payee name Public Storage
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Amount (\$) \$137.00	Payee address; City; State; Zip Code 13675 N. Hwy 183  Austin, TX 78750
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name Public Storage
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Amount (\$) \$137.00	Payee address; City; State; Zip Code 13675 N. Hwy 183  Austin, TX 78750
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/26 Rpt: 66/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Public Storage
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<b>6</b> Amount (\$) \$137.00	<b>7</b> Payee address; City; State; Zip Code 13675 N. Hwy 183  Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/18/2024	Payee name Scale to Win
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Amount (\$) \$1,378.98	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Scale to Win
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Amount (\$) \$366.70	Payee address; City; State; Zip Code 13742 Harper St  Santa Ana, CA 92703
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/26 Rpt: 67/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/24/2024	<b>5</b> Payee name Shoal Creek Saloon	
<b>6</b> Amount (\$) \$134.71	<b>7</b> Payee address; City; State; Zip Code 909 N. Lamar Blvd  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Texas AFL-CIO	
Amount (\$) \$820.00	Payee address; City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name Texas Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense JJ Dinner event ticket
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/26 Rpt: 68/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/16/2024	<b>5</b> Payee name Texas Ethics Commission	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 12070  Austin, TX 78711	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caucus fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Texas Young Democrats PAC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 13224 Marrero Dr  Austin, TX 78729	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name The Allegro Royal Sonesta Hotel	
Amount (\$) \$1,498.04	Payee address; City; State; Zip Code 171 W. Randolph St  Chicago, IL 60601	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for DNC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/26 Rpt: 69/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 08/26/2024	<b>5</b> Payee name The Allegro Royal Sonesta Hotel	
<b>6</b> Amount (\$) \$434.80	<b>7</b> Payee address; City; State; Zip Code 171 W. Randolph St  Chicago, IL 60601	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for DNC
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name The Long Center	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 701 W. Riverside Dr  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for intern
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name Trudy's Hallmark Store	
Amount (\$) \$3.24	Payee address; City; State; Zip Code 9828 Great Hills Trl Ste. 600 Austin, TX 78759	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Card
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/26 Rpt: 70/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 08/02/2024	<b>5</b> Payee name United States Postal Service
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<b>6</b> Amount (\$) \$216.00	<b>7</b> Payee address; City; State; Zip Code 823 Congress Ave Ste. 150 Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O. Box rental
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name United States Postal Service
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Amount (\$) \$29.25	Payee address; City; State; Zip Code 823 Congress Ave Ste. 150 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Vibrant Austin PAC
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4803 Bundyhill Dr  Austin, TX 78723
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/26 Rpt: 71/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
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<b>4</b> Date 09/05/2024	<b>5</b> Payee name Whitlow for Congress
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 910 Quest Pkwy #6113 Cedar Park, TX 78613
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2024	Payee name Williamson County Democratic Party PAC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 1296  Georgetown, TX 78627
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2024	Payee name Williamson County Democratic Party PAC
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 1296  Georgetown, TX 78627
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/26 Rpt: 72/74	<b>2</b> FILER NAME Bucy III, John H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 09/19/2024	<b>5</b> Payee name Yeti	
<b>6</b> Amount (\$) \$768.41	<b>7</b> Payee address; City; State; Zip Code 7601 Southwest Pkwy  Austin, TX 78735	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor thank you gifts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 73/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Date 07/05/2024	<b>5</b> Name of person from whom amount is received Frost Bank <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	<b>8</b> Amount (\$)  \$2.32
<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/06/2024	Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	Amount (\$)  \$3.48
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/06/2024	Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	Amount (\$)  \$2.85
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/1 Rpt: 74/74
<b>2</b> FILER NAME Bucy III, John H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069589
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Gino's East		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  08/18/2024  08/23/2024	<b>7</b> Name of person(s) traveling Bucy III, John (The Honorable)	
	<b>8</b> Departure city or name of departure location Austin, TX	
	<b>9</b> Destination city or name of destination location Chicago, IL	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Democratic National Convention	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee The Allegro Royal Sonesta Hotel		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  08/18/2024  08/23/2024	Name of person(s) traveling Bucy III, John (The Honorable)	
	Departure city or name of departure location Austin, TX	
	Destination city or name of destination location Chicago, IL	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event) Democratic National Convention	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee The Allegro Royal Sonesta Hotel		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  08/18/2024  08/23/2024	Name of person(s) traveling Bucy III, John (The Honorable)	
	Departure city or name of departure location Austin, TX	
	Destination city or name of destination location Chicago, IL	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event) Democratic National Convention	