CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τŀ	ne C/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Cor 000695	nmission Filers) 89	2 Total pages	filed: 38
3	CANDIDATE /	MS/MRS/MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable	John H.			OFFICE	USE UNLY
	NAME	The Honorable	3011111.			Date Received	
						ELECTRONI	CALLY FILED
		NICKNAME	LAST		SUFFIX	10/28/2024	
			Bucy		III		
			Bucy		111		
4	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; C	TY;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
	OFFICEHOLDER MAILING	P.O. Box 536					
	ADDRESS					Receipt #	Amount
	Change of Address	Austin TV 70767					
	Change of Address	Austin, TX 78767				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER	Mrs.	Heather San	lers			
	NAME	111.5.	ricatilei Sain				
		NICKNAME	LAST		SUFFIX		
			Jefts				
6	CAMPAIGN	STREET ADDRESS (NO	O PO BOX PLEASE)	, A	APT / SUITE #; CITY	: S	TATE; ZIP CODE
	TREASURER	1202 Willowbrook Dr.					
	ADDRESS						
	(Residence or Business)						
		Cedar Park , TX 7861	.3				
Ŀ							
7	CAMPAIGN TREASURER		PHONE NUMBER	EXTENSION			
	PHONE	(512) 529-4987					
8	REPORT						
	TYPE	January 15	30th day befo	re election	Runoff		campaign treasurer
						_	officeholder only)
		July 15	X 8th day before		Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9	PERIOD	· · · ·	ear		Month Day	Year	
	COVERED	09/27/2024	T	HROUGH	10/26/202	24	
10	ELECTION	ELECTION DAT	E		ELECTION TYPE		
		Month Day Y	ear 🛛	Primary	Runoff	Other	
		11/05/2024					
			X	General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
		State Representative	District 136		State Represen	tative District 13	36
⊢							
1							
1							
1			GO	TO PAGE	2		
Ļ	rme provided by Te	was Ethios Commission		thios state t	(110	1/2-	$raion \sqrt{4.1.0.40}$
F0	ins provided by Te	exas Ethics Commissior	ı www.e	ethics.state.tx	.us	vei	rsion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 38

13 C / OH NAME	14 Filer ID (00069589	Ethics Comr	nission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's kno	wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	Texas REALTORS® Political Action Commit	tee (TREPAC)			
		COMMITTEE ADDRESS				
	SPECIFIC	1115 San Jacinto Blvd				
		Ste. 200				
		Austin, TX 78701				
		COMMITTEE CAMPAIGN TREASURER NAME				
		Cantu, Leslie				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
		P.O. Box 2246				
		Austin, TX 78768				
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS			
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	21,289.18	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	9,505.69	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	49,338.15	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$	36,375.00	
17 AFFIDAVIT				-		
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Hono	orable John H. Bucy I	II		
		Signature of	Candidate or Officehold	der		
AFFIX NOT	FARY STAMP / SEAL AB	OVE				
Sworn to and subscribed before me, by the said day of, this the day, to certify which, witness my hand and seal of office.						
	, 20, 10 0					
Signature of offic	er administering	Printed name of officer administering	Title of officer	administerir	ng oath	
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V4	.1.0.48da51f7	

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 38 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00069589 Bucy III, John H. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 21,284.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 5.18 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 9,505.69 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 1.84 TO FILER

			-				
The	Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 4/38	
2 FILER	RNAME				3	Filer ID (Ethics Commissio	on Filers)
		n H. (The Honorable)			-	00069589	,
4 Date		5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
10/08	8/2024	AT&T Texas PAC					\$1,000.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78701					
8 Princij	pal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	;)		
Date		Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
10/03	3/2024	Barry, Catherine					\$5.00
		Contributor address; City; Sta					
		Round Rock, TX 78664					
	•	pation / Job title (See Instructions)	I	Employer (See Instructions	5)		
	In Scien	ce Specialist		VHA			
Date		•	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	± 0.0
10/14	4/2024	Berry, Robin					\$25.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78729					
Princi	pal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
Edito	or/Publis	her		TCEQ			
Date		Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
10/04	4/2024	Bingman, Rebecca					\$25.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin TV 70750					
Drinoi		Austin, TX 78750		Employer (Cap Instructions			
	Employe	pation / Job title (See Instructions)	1	Employer (See Instructions N/A)		
Date	9/2024	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
10/09	9/2024	Boydstun, Dwaine					\$ <u>50.00</u>
		Contributor address; City; Sta	ate; Zip Code				
		Georgetown, TX 78633					
Princi	pal occu	pation / Job title (See Instructions))	Employer (See Instructions			
	Employe			N/A			

				1	Total pages Schedule A1:	
The Instru	ction Guide explains how to c	complete this fo	orm		Sch: 2/22 Rpt: 5/38	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Bucy III, Joh	n H. (The Honorable)				00069589	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/30/2024	Bratton, Barbara					\$25.00
	6 Contributor address; City; State; Z	Zip Code		1		
	Leander, TX 78641					
	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
CPA			Self-Employed			
Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
10/04/2024	Brittain, Judy					\$100.00
	Contributor address; City; State; Z			1		
	Austin, TX 78750					
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not Employe	:d		N/A			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/07/2024	Brown, Carol					\$25.00
	Contributor address; City; State; Z	Zip Code		1		
	Austin, TX 78729					
-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not Employe	:d		N/A			
Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
10/18/2024	Brown, Janis					\$25.00
	Contributor address; City; State; Z	۲ip Code		1		
	Austin, TX 78750	r				
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not Employe	;d		N/A			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/26/2024	Butcher, Michelle					\$15.00
	Contributor address; City; State; Z	Zip Code		1		
	Round Rock, TX 78681	r				
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not Employe	:d		N/A			

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	The Instru	ction Guide explains how to	o complete this for	'n.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 6/38	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bucy III, Joh	nn H. (The Honorable)				00069589	
4	Date	5 Full name of contributor x	x out-of-state PAC (ID#: CO) (0002089	7	Amount of Contribution (\$)	
	10/10/2024	CWA - COPE PCC	-				\$250.00
		6 Contributor address; City; State	e; Zip Code.		1		
		Washington, DC 20001			L		
8	Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	10/06/2024	Castellon, Michael					\$25.00
	Contributor address; City; State; Zip Code						
		Austin TV 70720					
	Dringinal occi	Austin, TX 78729 Ipation / Job title (See Instructions)		Employer (See Instructions	Γ		
	Manager	pallon / Job lille (See instructions)		Government	5)		
=					┍	Amount of Contribution (¢)	
	Date 10/08/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	10/00/2027	Cavanaugh, Nina Contributor address; City; State		!			Φυυ.υυ
			a, Zip Coue				
		Cedar Park, TX 78613					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed		N/A			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/24/2024	Charpentier, Robert					\$50.00
		Contributor address; City; State	.e; Zip Code		1		
<u> </u>	Dringing oog	Cedar Park, TX 78613		Employer (Cool Instructions	Ĺ		
	Interior Desig	upation / Job title (See Instructions)		Employer (See Instructions IKEA	5)		
-		-	<u> </u>		,		
	Date 10/09/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	10/09/2024						Φ Ι,000.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78704					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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1							

	The Instru	ction Guide explains how to	complete this f	orm.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 7/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	n H. (The Honorable)				00069589	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/17/2024	Chmeleck, Marianne					\$25.00
	I	6 Contributor address; City; State;	; Zip Code				
		Occurrent TV 70000					
Ļ	Dringing oog	Georgetown, TX 78633	n	Employer (See Instructions	<u> </u>		
ŏ	Not Employe	ipation / Job title (See Instructions) ed		9 Employer (See Instructions) N/A	5)		
⊨			1		-	t a constant of Operativity (f)	
	Date 09/30/2024		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	09/30/2024						\$ <u>∠</u> 3.00
		Contributor address; City; State;	, Zip Code				
		Austin, TX 78750					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Not Employe)d		N/A			
╞	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	10/09/2024	Cook, Terry (The Honorable))				\$125.00
	l	Contributor address; City; State;	; Zip Code				
	21.1.1	Round Rock, TX 78681			Ĺ		
	Principal occu Elected Offic	ipation / Job title (See Instructions)		Employer (See Instructions) Williamson County	5)		
				· · · · · · · · · · · · · · · · · · ·			
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀደላ ባህ
	10/03/2024		v Zin Codo				\$50.00
		Contributor address; City; State;	, Ζιρ Code				
		Austin, TX 78717					
┢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Not Employe	ed d		N/A			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Crain, Kenneth					\$100.00
	I	Contributor address; City; State;	; Zip Code				
		0					
		Georgetown, TX 78628			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Self-Employed			

The Instrue	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/38
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	n H. (The Honorable)		00069589
4 Date	5 Full name of contributor Out-of-state PAC (I	ID#:)	7 Amount of Contribution (\$)
10/09/2024	Cronin, Brian		\$100.00
	6 Contributor address; City; State; Zip Code		
Dringinglocgy	Austin, TX 78717	Employer (Soo Instruction	
8 Principal occu Consultant	ipation / Job title (See Instructions)	 9 Employer (See Instruction: Fors Marsh 	(5)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)
10/07/2024			\$100.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78759		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instruction	
Not Employe		N/A	5)
			Amount of Contribution (\$)
Date 10/09/2024	Full name of contributor out-of-state PAC (I Davidson, Logan	ID#:)	Amount of Contribution (\$) \$250.00
10/03/2024			
	Contributor address; City; State; Zip Code		
	Austin, TX 78702		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instruction	 IS)
Legislative D		Texas House of Repres	
Date	Full name of contributor Out-of-state PAC (I	 ID#:)	Amount of Contribution (\$)
09/30/2024	Davis, Michael		\$125.00
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78664		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	us)
Hospital Adn	ninistrator	Baylor Scott & White H	ealth
Date	Full name of contributor 🔲 out-of-state PAC (I)	Amount of Contribution (\$)
10/03/2024	DuTeil, Norma Diane		\$5.00
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78665		
-	ipation / Job title (See Instructions)	Employer (See Instruction	is)
Not Employe	;d	N/A	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 9/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		n H. (The Honorable)			00069589	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/24/2024	Ducharme, Jacalyn				\$20.00
		6 Contributor address; City; State; Zip Code	1			
		Austin, TX 78717				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	N/A			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/06/2024	Duron, Patricia	,			\$50.00
				·		
		Cedar Park, TX 78613				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Pet Sitter &		Self-Employed	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	10/22/2024	Englert, Leanna)		Amount of Contribution (\$)	\$100.00
	10/22/2024	-				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78729				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Not Employe		N/A	3)		
╞				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#F 00
	09/30/2024	Erskine, Patricia				\$5.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Round Rock, TX 78665		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/08/2024	Gandaria-Escamilla, Sara				\$25.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher		Round Rock ISD			
I						

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	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 7/22 Rpt: 10/38	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
[n H. (The Honorable)				00069589	
4	Date	5 Full name of contributor Out-of-state PAG	AC (ID#:)	7	Amount of Contribution (\$)	
	10/20/2024	Gandaria-Escamilla, Sara					\$25.00
		6 Contributor address; City; State; Zip Code					
Ļ		Round Rock, TX 78664	r				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Teacher			Round Rock ISD	-		
Γ	Date		AC (ID#:)		Amount of Contribution (\$)	
	10/26/2024	Gardner, Sarah					\$35.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78717	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Community i	Engagement		Meridian School			
	Date	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
	09/27/2024	Geppert, Caroline					\$25.00
		Contributor address; City; State; Zip Code					
		Round Rock, TX 78681	— - r		Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			City of Austin			
	Date		\C (ID#:)		Amount of Contribution (\$)	
	10/07/2024	Gilby, Kim (The Honorable)					\$50.00
		Contributor address; City; State; Zip Code					
		Coder Derk TV 70619					
\vdash	Dringing oog	Cedar Park, TX 78613	<u> </u>	Employer (Coo Instructions	<u>,</u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions N/A	9		
╘					-		
	Date	Full name of contributor Out-of-state PA	\C (ID#:)		Amount of Contribution (\$)	÷10.00
	10/17/2024	Giner, Maria-Elena					\$10.00
		Contributor address; City; State; Zip Code					
		Auction TV 20717					
\vdash	Di sinal aggi	Austin, TX 78717	— - T		Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions			
	PhD Student			UT LBJ Public Public Af	län	S	

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 11/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	n H. (The Honorable)				00069589	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	10/11/2024	Ginther, Gray					\$50.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78717	r				
		ipation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
		haracter Artist		Nintendo			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
-	10/03/2024						\$150.00
		Contributor address; City; State; Zip Code					
		Lake Jackson, TX 77566					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Attorney			Self-Employed	''		
	Date	Full name of contributor Out-of-state PA			Γ	Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#: 10/15/2024 Gregg, David					\$50.00	
							*
		Cedar Park, TX 78613					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	;d		N/A			
	Date	Full name of contributor Dut-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
(09/28/2024	Gregory, Wyn					\$40.00
		Contributor address; City; State; Zip Code]		
		Austin, TX 78729					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> יו		
	Recruiting M			WP Engine	,		
	Date	Full name of contributor Out-of-state PA			<u> </u>	Amount of Contribution (\$)	
	09/30/2024	Harrison, Kimberly	AC (ID#				\$125.00
	50,00,202	Contributor address; City; State; Zip Code					*±-· ···
		Austin, TX 78729					
l	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Psychologist	C		Harrison Psychological	Se	rvices	

	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 12/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		n H. (The Honorable)				00069589	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	10/07/2024	Harslem, Eric					\$500.00
	I	6 Contributor address; City; State; Zip Code					
	I						
	I						
		Austin, TX 78746					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Not Employe	;d		N/A			
F	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/30/2024	Hembree, Susan					\$25.00
		Contributor address; City; State; Zip Code					
	I						
	I						
		Cedar Park, TX 78613					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			N/A			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/26/2024	Hislop, Martha					\$10.00
		Contributor address; City; State; Zip Code					
	I						
	I						
		Round Rock, TX 78681					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Designer			Edible Arrangements			
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2024	Hooper, Hanna					\$50.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
		Georgetown, TX 78633					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe			N/A	-		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Horne, Rachel					\$50.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
		Austin, TX 78750					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Op	erations		US Bank			

_							
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 13/38	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		n H. (The Honorable)				00069589	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/09/2024	Jones, Robert					\$10.00
		6 Contributor address; City; Sta					
		Dallas, TX 75218					
8	Principal occu	L pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> 5)		
	investor	,		Self-Employed	<i>.</i>		
⊨	Date	Full name of contributor	out-of-state PAC (ID#)		Amount of Contribution (\$)	
	10/07/2024	Josh, Kelly)			\$25.00
		Contributor address; City; Sta					,
		Austin, TX 78750-1422					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of F	inance		SEIU			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/09/2024	King, Henry					\$10.00
		Contributor address; City; Sta	te; Zip Code				
		Round Rock, TX 78664					
	Principal occu Technician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Technician			Hulk Automotive			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/09/2024						\$500.00
		Contributor address; City; Sta	te; Zip Code				
		Dallas, TX 75223					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	CEO			Pegasus School	,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	10/03/2024	Lawrence, Eileen)			\$25.00
		Contributor address; City; Sta	te: Zin Code				+20.00
		Round Rock, TX 78681					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Self-Employed			

					1	Total pages Schedule A1:	
	The Instru	ction Guide explains how to c	complete this to	orm.		Sch: 11/22 Rpt: 14/38	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bucy III, Joh	n H. (The Honorable)			_	00069589	
4	Date		ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/28/2024	Lester, Brigid					\$10.00
		6 Contributor address; City; State; Zi	ip Code				
		Cedar Park, TX 78613					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> 。)		
	Not Employe			N/A	,		
_	Date	Full name of contributor	ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2024	Lutes, Lavern					\$25.00
		Contributor address; City; State; Zi					
		Austin, TX 78729	r				
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Electrical En			Psemi Corporation	_		
	Date		ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2024	Manning, Sam (Dr.)					\$25.00
		Contributor address; City; State; Zi	ip Code				
		Round Rock, TX 78664					
_	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> ເ)		
	Not Employe			N/A	·,		
╞	Date		ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/30/2024	Martin, Elizabeth				, unoun or commerce (\$50.00
		Contributor address; City; State; Zi					-
			F				
		Georgetown, TX 78628					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	;d		N/A			
	Date		ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/02/2024	Martin, Maria					\$1,000.00
		Contributor address; City; State; Zi	ip Code				
		Cedar Park, TX 78613					
	Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u>ר</u>		
	Not Employe			N/A	'n		

			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	iorm.	Sch: 12/22 Rpt: 15/38
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bucy III, Joh	nn H. (The Honorable)		00069589
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/09/2024	Martinez, Juan		\$50.00
	6 Contributor address; City; State; Zip Code]
	Leander, TX 78641-2729		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Not Employe		N/A	<i>.</i> ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/30/2024	Matteson, Deseray	/	\$50.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78729		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Student		St. Mary's University	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
10/09/2024	Matteson, Deseray		\$25.00
	Contributor address; City; State; Zip Code]
	Austin, TX 78729		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Student	, participanti (St. Mary's Law School	~
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
09/30/2024	Miller, Kent (Rev.)		\$100.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78729	i	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Not Employe		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024			\$15.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Not Employe		N/A	
		<u> </u>	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/22 Rpt: 16/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		n H. (The Honorable)			00069589	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	09/30/2024	Morgan, Paul				\$25.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77064-4273				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	N/A			
⊨	Date	Full name of contributor out-of-state PAC (ID#	:)	Г	Amount of Contribution (\$)	
	10/23/2024	Muse, Walter)		/ incuni of Contribution (+)	\$25.00
	10/20/2021					¢20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78727				
⊢	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions			
		pation / Job title (See Instructions)	State of Texas	5)		
	Attorney		State of Texas	_		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	10/04/2024	NASW Texas PACE				\$150.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC (ID#	: C00103549)		Amount of Contribution (\$)	
	10/22/2024	Parsons Corporation PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Pasadena, CA 91124				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
⊨	Date	Full name of contributor out-of-state PAC (ID#	.)	Г	Amount of Contribution (\$)	
	10/09/2024	Philips Uresti Meachum Partners)		/ incuni of Contribution (+)	\$500.00
	20,00,2021	Contributor address; City; State; Zip Code				+000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78711				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Fincipal occu			3)		

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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/38
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	n H. (The Honorable)		00069589
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
09/29/2024	Piner, Elizabeth		\$25.00
	6 Contributor address; City; State; Zip Code	,	1
	Austin, TX 78729		
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Not Employe		N/A	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
09/30/2024	Piner, Elizabeth		\$50.00
	Contributor address; City; State; Zip Code		
D in single and	Austin, TX 78729		
	upation / Job title (See Instructions)	Employer (See Instructions	
Planning Ass		NJ Pinelands Commiss	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/02/2024	Piner, Elizabeth		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78729		
Drincinal occu		Employor (Soo Instruction	~
Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/07/2024	Piner, Elizabeth		\$150.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78729		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe		N/A	5)
Date			Amount of Contribution (\$)
10/14/2024	Full name of contributor out-of-state PAC (ID#: Piner, Elizabeth	:/	\$50.00
10/14/202 .	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	Austin, TX 78729		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ls)
Not Employe		N/A	

				1.		
	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 15/22 Rpt: 18/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		n H. (The Honorable)			00069589	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/06/2024	Price Khan, Fatima				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Round Rock, TX 78681				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Education		Austin Community Colle	ege		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	Reedholm, Joe				\$175.00
		Contributor address; City; State; Zip Code		·		
		Georgetown, TX 78633				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed .	N/A			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/13/2024	Richardson, Carrie				\$10.00
		Contributor address; City; State; Zip Code		·		
		Round Rock, TX 78681-4055				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	President &	Founder Consultancy	Carrie Richardson dba (CWF	R Strategies	
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	10/08/2024	Rushin, Camron				\$25.00
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78729				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Software En	gineer	Ixia			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2024	Shelton, Kristin				\$4.00
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78717				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher		Round Rock ISD			
			<u>I</u>			

				4	Total pages Calendula A1.	
	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 16/22 Rpt: 19/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bucy III, Joh	nn H. (The Honorable)			00069589	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	09/30/2024	Sherriff, Valarie				\$10.00
		6 Contributor address; City; State; Zip Code		·		
		Austin, TX 78717				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe)d	N/A			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Τ	Amount of Contribution (\$)	
	10/07/2024	Sokol, Martin				\$50.00
		Contributor address; City; State; Zip Code		"		
		Austin TV 20220				
	Dringinal occu	Austin, TX 78729	Employer (See Instructions	<u> </u>		
	Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions N/A	S)		
⊨				1		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	ቀ100 00
	10/20/2024	Sokol, Steven				\$100.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO		Falken Avionics LLC			
	Date	Full name of contributor out-of-state PAC (ID#:		Ι	Amount of Contribution (\$)	
	10/18/2024	Stempko, Jessica (The Honorable)				\$25.00
		Contributor address; City; State; Zip Code		.		
		Round Rock, TX 78681				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	3d	N/A			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	T	Amount of Contribution (\$)	
	10/14/2024	Stoddard, Mark				\$5.00
		Contributor address; City; State; Zip Code]		
		Austin TV 70702				
	Dringinal ago	Austin, TX 78723		<u> </u>		
	Not Employe	upation / Job title (See Instructions)	Employer (See Instructions N/A	S)		
			IN/A			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/22 Rpt: 20/38	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		n H. (The Honorable)			00069589)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/09/2024	Storie, William				\$100.00
		6 Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	ed	N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2024	TX Chiropractic Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/09/2024	Tanner, Roderick				\$50.00
		Contributor address; City; State; Zip Code		1		
		Helotes, TX 78023				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Cyber Secur	ity Executive	Thrive Networks			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Tejchma, Manuela				\$25.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager		National Instruments			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Texas Building Branch AGC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701		1		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 18/22 Rpt: 21/38	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Bucy III, Joh	n H. (The Honorable)				00069589	
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
	10/08/2024	Texas Medical Association PAC					\$1,000.00
		6 Contributor address; City; State; Zip Code)				
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions)		
F	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	10/09/2024	Texas Optometric PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78705					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
⊨	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	10/14/2024	Texas Society of Architects Committee					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78702					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🗌 out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	10/08/2024	Texas Trial Lawyers Associatin PAC					\$3,500.00
		Contributor address; City; State; Zip Code	;				
		Austin, TX 78701	P				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
Γ	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2024	Thompson, Dianne					\$10.00
		Contributor address; City; State; Zip Code	<u>}</u>				
		Round Rock, TX 78664	p				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	:d		N/A			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/38	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	n H. (The Honorable)		00069589	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/09/2024	Thompson, Dianne		\$	50.00
	6 Contributor address; City; State; Zip Code		1	
	Round Rock, TX 78664	<u> </u>		
	Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Not Employe	1	N/A		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
10/19/2024	Thompson, Dianne		\$	515.00
	Contributor address; City; State; Zip Code]	
	Round Rock, TX 78664	<u> </u>		
	Ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Not Employe	1	N/A		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/30/2024	Thompson, George		\$	510.00
	Contributor address; City; State; Zip Code			
Di indaan	Austin, TX 78729		<u> </u>	
-	Ipation / Job title (See Instructions)	Employer (See Instructions RVH Solutions Inc	3)	
	ation Programmer			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/19/2024	Thurman, Linde		\$.	25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78681			
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
N/A		N/A	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	10.00
10/01/2024	Touchet, Stephen		φ.	510.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78729			
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired Tead		N/A	>)	

1	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/38	
2 F	FILER NAME			3 Filer ID (Ethics Commission File	ers)
		n H. (The Honorable)		00069589	,
4 C	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
1	10/07/2024	Townsend, Trent		\$2	250.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78703			
		ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
(Consultant		Imperium Public Affairs		
	Date	Full name of contributor X out-of-state PAC (ID#: C	C00010470)	Amount of Contribution (\$)	
1	10/22/2024	Union Pacific Corporate Government Fund For E		\$2,0	00.00
		Contributor address; City; State; Zip Code			
		Washington, DC 20004			
F	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
1	10/03/2024	Wampler, Kimberly		\$5	500.00
		Contributor address; City; State; Zip Code			
		Cedar Park, TX 78613			
		upation / Job title (See Instructions)	Employer (See Instructions	;)	
	Optometrist		Self-Employed		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
1	10/10/2024	Wilby, Eliza		\$	\$10.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78717			
	•	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
\	Veterinarian		Thrive Pet Healthcare		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
C	09/28/2024	Williams, Glenna Sue		\$	\$50.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78729			
		upation / Job title (See Instructions)	Employer (See Instructions	5)	
1	Not Employe	be	N/A		
1					

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/38	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	s)
	n H. (The Honorable)		00069589	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/26/2024	Williamson, Sondra		\$25	5.00
	6 Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Freelance W		Self-Employed		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/09/2024	Wills, Shannon	,		5.00
	Cedar Park, TX 78613			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Quality & Co	ompliance consultant	Self-Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/01/2024	Woodard, Owen			.0.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Not Employe	ed	N/A		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/09/2024	Yawn, Gail		\$250	0.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78681			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/09/2024	Yee, Edward		\$50	0.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78681-3853	1		
·	upation / Job title (See Instructions)	Employer (See Instructions))	
Pilot		American Airlines		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/22 Rpt: 25/38 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bucy III, John H. (The Honorable) 00069589 4 Date 5 Full name of contributor x out-of-state PAC (ID#: C00048165 Amount of Contribution (\$) 7 10/26/2024 Zachry Corporation PAC \$500.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78265 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 26/38					
2	FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Bucy III, Joh	nn H. (The Honorable)		00069589					
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5	Date 10/10/2024	 6 Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AGFUND 7 Contributor address; City; State; Zip Code Waco, TX 76702 	8	Amount of 9 In-kind contribution contribution (\$) 6escription \$5.18					
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T. I1 Employer (FOR NON-JUDICIAL) (See instructions)						
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)						
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2 5		e explaine			3	Filer ID	(Ethics Commission Filers)
1	Sch: 1/11 Rpt: 27/38		Bucy III, John H. (The Honorable) 00069589						
4	Date 09/29/2024		yee name tBlue						
6				Stato		10			
0	Amount (\$) \$27.07								
		S	omerville, MA 02144						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	Jht		Office hel	d
	Date	Pa	yee name						
	09/30/2024	Ac	tBlue						
	Amount (\$)	Pa	yee address; City;	State;	; Zip Co	de			
	\$24.73		2 Summer St omerville, MA 02144						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the f counting/Banking	top of this sch	edule)		n, TX,	ide of Texas. Compl , officeholder living e :essing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	Jht		Office hel	d
	Date	Pa	vee name						
	10/06/2024		tBlue						
	Amount (\$) \$89.53		yee address; City; '2 Summer St	State;	; Zip Coo	de			
		So	omerville, MA 02144						
	PURPOSE OF EXPENDITURE		ttegory (See Categories listed at the l counting/Banking	top of this sch	edule)		n, TX	ide of Texas. Compl , officeholder living e :essing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	Jht		Office hel	d

			EXPENDITURE	CATEGOF	RIES FOR	вс	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav Gift/Awards/Memorials Expense Printing Expense Trav				Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	2						3	Filer ID (I	Ethics Commission Filers)
1	Sch: 2/11 Rpt: 28/38		Bucy III, John H. (The Honora	able)				3	00069589	
4	Date 10/13/2024		Payee name ActBlue							
6	Amount (\$)	7	Payee address; City;	Stato	· Zin Co					
U	\$115.25	7 Payee address; City; State; Zip Code 372 Summer St Somerville, MA 02144								
_	DUDDOCE					(1-)				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	10/20/2024		ActBlue							
	Amount (\$)		Payee address; City;	State:	; Zip Co	de				
	\$15.65		372 Summer St Somerville, MA 02144							
PURPOSE OF EXPENDITURE			Category (See Categories listed at the Accounting/Banking	top of this sch	edule)	(b)		, TX,	de of Texas. Complei officeholder living ex essing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	10/26/2024		Action Network							
	Amount (\$) \$28.00		Payee address; City; 1900 L St NW #900 Washington, DC 20036	State;	; Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sch	iedule)	(b)		, TX,	de of Texas. Comple officeholder living ex	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave / - Gift/Awards/Memorials Expense Printing Expense Trave					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 3/11 Rpt: 29/38		Bucy III, John H. (The Honorable)				00069589		
4	Date	5	Payee name						
	10/08/2024		Agave Democratic Infrastructure Fund						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
	\$1,000.00		P.O. Box 50317						
			Austin TV 20262						
			Austin, TX 78763						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T. officeholder living expense		
			Candidate/Officeholder/Political Committee		Political contr				
						ibu			
Ļ	Complete ONILV if direct		endidate/Officeholder rome						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office sou	igni			Office held		
	•								
	Date		Payee name						
	10/22/2024		Amazon Fresh						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$37.22		410 Terry Ave N						
			Seattle, WA 98109	-					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					Office snacks	al	u unnks		
				Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ught			Office held		
	Date		Payee name						
	10/23/2024		Amazon Fresh						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$5.00		410 Terry Ave N						
			Seattle, WA 98109						
-	PURPOSE	10		(h)	Description				
	OF		Category (See Categories listed at the top of this schedule)	(0)	Description	nutei	de of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense				officeholder living expense		
					Delivery fee/t		5 - F - F		
				1	- , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,				
-	Complete ONLY if direct	<u>_</u>	candidate/Officeholder name Office sou	l I			Office held		
	expenditure to benefit C/OI			gin					
L									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Intervention Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2								
-	Sch: 4/11 Rpt: 30/38	2	Bucy III, John H. (The Honorable) 00069589							
4	Date 10/22/2024	5	Payee name Blue Victory Communications, LLC							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$1,353.13		P.O. Box 300626							
			Austin, TX 78705							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
			Communications							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							
	Date		Payee name							
	10/07/2024		Boost Mobile							
_	Amount (\$)		Payee address; City; State; Zip Code							
	\$35.00		9060 Irvine Center Dr							
			Irvine, CA 92618							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign phone							
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							
	Date		Payee name							
	10/10/2024		Boots on the Ground PAC							
-	Amount (\$)		Payee address; City; State; Zip Code							
	\$2,000.00		P.O. Box 184							
			Driftwood, TX 78619							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee Political contribution							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							

			EXPENDITU	IRE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori mittee Legal Services		Office Over Polling Exp Printing Exp			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Gard F dynent		The Instruction	Guide explains ł	how to con	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME	FILER NAME 3					
	Sch: 5/11 Rpt: 31/38		Bucy III, John H. (The Ho	norable)				00069589	
4	Date	5	Payee name						
	09/30/2024		Burke						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coc	e			
	\$500.00		2203 Marcus Abrams Blv	d					
			Austin, TX 78748						
8	PURPOSE	(₂)				b) Decemination			
0	OF	(a)	Category (See Categories listed a		edule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract	Labui				, officeholder living expense	
						Legislative s	alar	ry supplement	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C)ffice soug	ht		Office held	
	Date		Payee name						
	10/21/2024		Chipotle						
	Amount (\$)		Payee address; City;	State:	Zip Coo	0			
	\$50.10		801 Congress Ave	State,	210 000	C			
		Ste. 100							
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sche	edule)	b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.	
						Office lunch	I, I A,	, officeholder living expense	
						Office function			
	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office held	
	expenditure to benefit C/Oł			C	Soug	n.		Office field	
		-							
	Date		Payee name						
	10/10/2024		Gannett						
	Amount (\$)		Payee address; City;	State;	Zip Coo	е			
	\$21.15		7950 Jones Branch Dr						
			McLean, VA 22107						
-	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	b) Description			
	OF		Office Overhead/Rental E				outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Newspaper s	sub	scription	
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held	
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repaym Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen Legal Services Salaries/Wag	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 6/11 Rpt: 32/38		Bucy III, John H. (The Honorable)			00069589			
4	Date	5	Payee name						
	10/01/2024		Google LLC						
6	Amount (\$) \$23.03	 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 							
8	PURPOSE	(a)	Cotogony as a final second sec	Description					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Workspace					officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sough	t		Office held			
	Date		Payee name						
	10/23/2024		HEB						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$67.78		5808 Burnet Rd Austin, TX 78756						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) (b Food/Beverage Expense		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nd drinks			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sough	t		Office held			
	Date		Payee name						
	10/14/2024		Harris Victory Fund						
	Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 58174						
			Philadelphia, PA 19102						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) (b Contributions/Donations Made By Candidate/Officeholder/Political Committee		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 7/11 Rpt: 33/38		Bucy III, John H. (The Honorable)				00069589			
4	Date	5	Payee name							
	09/30/2024		Heinrich							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$500.00		2301 Ohlen Rd							
			#107							
			Austin, TX 78757							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,			ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Legislative sa	alar	ry supplement			
0	Complete ONLY if direct		Condidate/Officeholder name)ffico cour	sht .		Office held			
9	expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Onice held			
	Date		Payee name							
	10/15/2024		Heinrich							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,000.00		2301 Ohlen Rd							
			#107							
			Austin, TX 78757							
_	PURPOSE		Category (See Categories listed at the top of this sche		(b) Description					
	OF		Consulting Expense	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	I, TX,	, officeholder living expense			
					Campaign m	ana	agement/consulting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date	<u> </u>	Payee name							
	10/05/2024		Liberal Austin Democrats							
_	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$250.00		P.O. Box 49712							
			Austin, TX 78765							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Comm	ittee	Event sponso		, officeholder living expense hin			
						5131	h			
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	aht		Office held			
	expenditure to benefit C/OI			mee soul	gin					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 8/11 Rpt: 34/38		Bucy III, John H. (The Honorab	le)				00069589		
4	Date 10/02/2024	5	Payee name NGPVan, Inc							
6	Amount (\$) \$341.12		7 Payee address; City; State; Zip Code 655 15th St. NW Ste. 650 Washington, DC 20005							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database software						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office souç	yht		Office held		
	Date		Payee name							
	10/16/2024		Nespresso							
	Amount (\$) \$87.00		Payee address; City; 111 W. 33rd St 5th Floor New York, NY 10120		Zip Coo					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this sche	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	10/04/2024		Office Depot							
	Amount (\$) \$50.85		Payee address; City; 2620 W. Anderson Ln	State;	Zip Coo	de				
			Austin, TX 78757							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	yht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 9/11 Rpt: 35/38	Bucy III, John H. (The Honorable)	00069589						
4	Date	Payee name							
	10/07/2024	Office Depot							
6	Amount (\$) \$22.72	Payee address; City; State; Zip Code 2620 W. Anderson Ln Austin, TX 78757							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
Ū	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/30/2024	Parker							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	1307 Norwalk Ln							
	Apt 204								
		Austin, TX 78703							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense lary supplement						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/22/2024	Pokeworks							
	Amount (\$) \$75.36	Payee address;City;State;Zip Code1920 E. Riverside Dr							
		Austin, TX 78741							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 10/11 Rpt: 36/38		Bucy III, John H. (The Honorable)					00069589			
4	Date 09/30/2024		Payee name Pressable								
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 110 E. Houston St 7th Floor San Antonio, TX 78205									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	10/03/2024		Public Storage								
	Amount (\$) \$137.00		13675 N. Hwy 183	e; Zip Co	de						
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78750 Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	(b)		, TX,	de of Texas. Complete Schedule T. . officeholder living expense t			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	10/09/2024		Red Horn Coffee House and Brewing	Co.							
	Amount (\$) \$798.44		Payee address; City; State 13010 W. Parmer Ln #800 Cedar Park, TX 78613	e; Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Event Expense	chedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ental fee for event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			

Accounti Consultir Contribu Cand	ng Expense ng/Banking ng Expense tions/ Donations Made By idate/Officeholder/Politica ard Payment	al Committee Legal Services		Loan Rep Office Ov Polling E e Printing E Salaries/	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)			
	-		he Instruction Guide ex	plains how to co	omplete this form.						
 Total pa 	ges Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)			
Sch: 11	L/11 Rpt: 37/38	Bucy III, Johr	H. (The Honorable	e)			00069589				
4 Date		5 Payee name									
10/25/2	2024	Sheryl Cole C	Campaign								
6 Amount	(\$)	7 Payee address; City; State; Zip Code									
	\$60.00	P.O. Box 41	, Oity,		Juc						
		Austin, TX 78	767								
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule Event Expense				ravel outsi Austin, TX	, officeholder living	Texas. Complete Schedule T. eholder living expense nt			
	te <u>ONLY</u> if direct ture to benefit C/OI	Candidate/Office	holder name	Office sou	ught		Office he	eld			
Date		Payee name									
09/30/2	2024	Walgreens									
Amount	(\$)	Payee address	; City;	State; Zip Co	nde						
	\$15.56	5819 Burnet Austin, TX 78	Rd								
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense			Check if travel outsi			ide of Texas. Complete Schedule T. , officeholder living expense			
	te <u>ONLY</u> if direct ture to benefit C/OI	Candidate/Office	holder name	Office sou	ught		Office he	eld			

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

SCHEDULE K

I he instruction (Linde explains how to complete this form							pages Schedule K: 1/1 Rpt: 38/38
2	FILER NAME				3		D (Ethics Commission Filers)
	Bucy III, Joh	0006					
4	Date	5	Name of person from whom amount is received		8 Amount (\$)		
	10/04/2024		Frost Bank		\$1.84		
		6	Address of person from whom amount is received; City; State; Zip Cod				
			San Antonio, TX 78296				
		7					I tribution returned to filer
		-	Interest		,		
-							