FORM **COR-C/OH**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Andrew MI: J NICKNAME: LAST: Bucknall SUFFIX:	Date Received: 2014 SEP 11 PM 1:38 AUSTIN CITY CLERK RECEIVED
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Other (specify) ☑ July 15 ☐ Exceeded $500 limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☐ Final report	Date Hand-delivered or Postmarked: Receipt #: Amount:
5 ORIGINAL PERIOD COVERED	Month 3 Day 24 Year 2014 THROUGH Month 6 Day 30 Year 2014	Date Processed: Date Imaged:

6 EXPLANATION OF CORRECTION

Inaduertantly left ott following information's

Schedule A: Missing principle Occupation missing,
5/24 - Jim Sylvia Krzmorzick
6/18 - Pinaki Ghosh
6/30 Last name missing: Leeanner Burnell
Missing information added to attached

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ **Semiannual reports:** This report is an amendment/correction to a semiannual report **due on or after September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

THOMAS A. GRAUZER
Notary Public, State of Texas
My Commission Expires
November 19, 2018

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew J. Bucknall, this the 11th day of September, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Thomas A. Grauzer	Thomas A. Grauzer	notary public

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Andrew J. Buchwald

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/24	Jim & Sylvia Krzmarzick 8994 Cherrill Dr. Austin Tx. 78745	200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Engineer / HR	Professional / Testing /

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/18	Pinaki Ghosh 113 West 55th St. Austin Tx. 78751	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Engineer (Software)	Enterprise Decisions LLC. / National Instruments

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/18	Keith Jackson 7405 Blessing Ave Austin Tx. 78752	140	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Manager	HEB

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30	Stuart Gourd PO Box 2323 Austin Tx. 78768	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30	Gerald Lewis 3017 Raspberry Ln. Austin Tx. 78748	50	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Andrew J. Buckwall

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/30	Sam Najjar 5216 Keene Cove. Austin Tx. 78730	100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30	Steve Isdale 2401 E. 8th St. Austin Tx. 78702	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Building

Employer (See Instructions): Isdale Construction

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30	Leeanner Burnell 1612 Deloney St. Austin Tx. 78721	103	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30	Susan Avant 302 Laurelwood Rd. Austin Tx. 78746	25	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/30	Elena Lazovaya 1207 Greenwood Ave. Austin Tx. 78721	350	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Nurse

Employer (See Instructions): Veterans Administration

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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