

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST ANDREW	MI W
	NICKNAME BRAUNINGER	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 885 ELKINS LAKE HUNTSVILLE, TEXAS 77340		OFFICE USE ONLY Date Received 10/4/13 YW
	AREA CODE PHONE NUMBER EXTENSION (936) 295-2180		Date Hand-delivered or Postmarked 10/4/13 YW
5 CANDIDATE / OFFICEHOLDER PHONE	RECEIPT #		Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST MARLENE	MI M
	NICKNAME BRAUNINGER	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1432 GREENBRIAR HUNTSVILLE TEXAS 77340		Date Processed 10/4/13 YW
	AREA CODE PHONE NUMBER EXTENSION (936) 295-2180		Date Imaged 10/4/13 YW
8 CAMPAIGN TREASURER PHONE	Date Received		
9 REPORT TYPE	Date Hand-delivered or Postmarked		
<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Date Processed		
Month Day Year THROUGH Month Day Year 8 / 26 / 13 THROUGH 9 / 26 / 13			
11 ELECTION	Date Imaged		
ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special 11 / 5 / 13			
12 OFFICE	Date Received		
13 OFFICE SOUGHT (if known)	Amount		
OFFICE HELD (if any) OFFICE SOUGHT (if known) COUNCILMAN POSITION 1 AT LARGE			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME ANDREW W. BRAUNINGER **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 640.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2040.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 110.22
	4. TOTAL POLITICAL EXPENDITURES	\$ 110.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1929.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Andy Brauninger
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Brauninger, this the 4th day of October, 20 13, to certify which, witness my hand and seal of office.

Lee Woodward Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

My Comm. Exp. Feb. 19, 2017

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME MARLENE M. BRAUNINGER

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8/28/13

5 Full name of contributor out-of-state PAC (ID# _____)
MARLENE M. BRAUNINGER

7 Amount of contribution (\$)
\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
885 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/29/13

Full name of contributor out-of-state PAC (ID# _____)
NANCY MILLS

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
570 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/29/13

Full name of contributor out-of-state PAC (ID# _____)
GLENDA HIGH

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
386 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/29/13

Full name of contributor out-of-state PAC (ID# _____)
NOWAIN R. QUARKES

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
712 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/29/13

Full name of contributor out-of-state PAC (ID# _____)
JOYCE MATTERSON

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
862 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(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 for additional 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:

5

2 FILER NAME

MARLENE M. BRAUNINGER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/29/13

5 Full name of contributor out-of-state PAC (ID#: _____)

MOLLY JANNETT

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

425 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/29/13

Full name of contributor out-of-state PAC (ID#: _____)

LEROY HILTON

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

116 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/13

Full name of contributor out-of-state PAC (ID#: _____)

BOBBY CLEPPER

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

523 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/13

Full name of contributor out-of-state PAC (ID#: _____)

SANDRA HANSCOM

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

677 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/3/13

Full name of contributor out-of-state PAC (ID#: _____)

SHELDON RAY

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1083 ELKINS LAKE HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

MARLENE M. BRAUNINGER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/3/13

5 Full name of contributor out-of-state PAC (ID# _____)

JAMES KELLY

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1145 ELKINS LAKE
HUNTSVILLE, TEXAS 77340

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/5/13

Full name of contributor out-of-state PAC (ID# _____)

CHRISTINA FELDER

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1624 AVENUE O HUNTSVILLE, TEXAS
77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/13

Full name of contributor out-of-state PAC (ID# _____)

PAULA REX

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2019 AVENUE O HUNTSVILLE, TEXAS
77340

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/13

Full name of contributor out-of-state PAC (ID# _____)

JULIA ROBERTS

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3801 FM 1374 HUNTSVILLE, TEXAS
77340

(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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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