

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR) FIRST ANDREW W. MI NICKNAME LAST BRAWNINGER SUFFIX	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15	
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	Date Hand-delivered or Date Postmarked <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15 Receipt # Amount \$ Date Processed <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15 Date Imaged <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 295-2180		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MRS) FIRST MARLENE MI NICKNAME LAST BRAWNINGER SUFFIX	Date Hand-delivered or Date Postmarked <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15 Receipt # Amount \$ Date Processed <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15 Date Imaged <div style="font-size: 2em; font-family: cursive;">JWB</div> 10/5/15	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1432 GREEN BRIAR HUNTSVILLE, TEXAS 77340		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 295-2180		
9 REPORT TYPE	<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	Month Day Year THROUGH Month Day Year 7 / 1 / 2015 THROUGH 9 / 24 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) COUNCILMAN AT LARGE POSITION 1	13 OFFICE SOUGHT (if known) MAYOR	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ANDREW W. BRAUNINGER 15 Filer ID (Ethics Commission Filers)

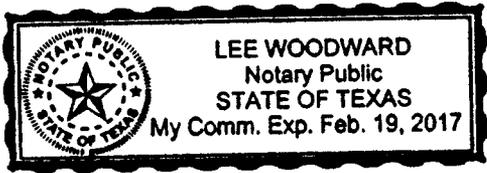
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1577.15
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.

Andrew W. Brauninger
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Brauninger, this the 5th day of October, 2015, to certify which, witness my hand and seal of office.

Lee Woodward Signature of officer administering oath
Lee Woodward Printed name of officer administering oath
City Secretary Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME ANDREW W. BRAUNINGER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1050.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME
ANDREW W. BRAUNINGER

3 Filer ID (Ethics Commission Filers)

4 Date
8/25/2015

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

7 Amount of contribution (\$) **\$100.00**

6 Contributor address; City; State; Zip Code
555 BOWERS BLVD HUNTSVILLE, TEX 77340

8 Principal occupation / Job title (See Instructions)
PROPERTY MANAGER

9 Employer (See Instructions)
ATLANTIC HOUSING MGMT.

Date
9/8/2015

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

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
1207 UNIVERSITY AVE HUNTSVILLE TEX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/10/2015

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

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/15/2015

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

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code
683 ELKINS LAKE HUNTSVILLE, TX. 77340

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME
ANDREW W. BRAUNINGER

3 Filer ID (Ethics Commission Filers)

4 Date
9/15/2015

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

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
683 ELKINS LAKE HUNTSVILLE, TEX 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/18/2015

Full name of contributor out-of-state PAC (ID#: _____)
NOWLIN R. QUARLES

Amount of contribution (\$) \$200.00

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

Principal occupation / Job title (See Instructions)
PROFESSOR

Employer (See Instructions)
SAM HOUSTON STATE U.

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.