

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: <div style="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST ANDREW W. NICKNAME LAST SUFFIX BRAUNINGER	OFFICE USE ONLY Date Received <div style="font-size: 1.5em;">10/26/15</div> Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em;">10/26/15</div> Receipt # Amount \$ Date Processed <div style="font-size: 1.5em;">10/26/15</div> Date Imaged <div style="font-size: 1.5em;">10/26/15</div>	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 295-2180		
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="radio"/> MRS / MR FIRST MARLENE M. NICKNAME LAST SUFFIX BRAUNINGER		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1432 GREENBRIAR HUNTSVILLE, TEXAS 77340		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 295-2180		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 Month Day Year 9 / 25 / 2015 THROUGH 10 / 28 / 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

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ #150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4710.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ ϕ

4. TOTAL POLITICAL EXPENDITURES

\$ 4745.86

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

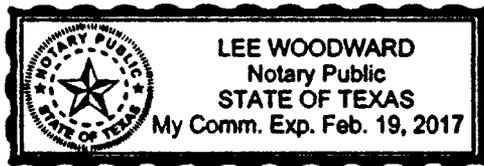
\$ 491.29

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ϕ

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 Bawinger

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Bawinger, this the 26th 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4710.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4745.86
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: 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELDON RAY	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 249 BROADMOOR HUNTSVILLE, TX 77340		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 9/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES WAGAMON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1624 AVE D HUNTSVILLE TX 77340		
Principal occupation / Job title (See Instructions) RETIRED JUDGE		Employer (See Instructions)
Date 9/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIMITRIOS MANTZOROS	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 133 PARK LANE HUNTSVILLE, TX 77340		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions)
Date 10/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD MCCOY	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 218 WATER'S EDGE HUNTSVILLE, TX 77340		
Principal occupation / Job title (See Instructions) RETIRED		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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

10/5

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

SANDRA MUNS

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

1920-20th St. HUNTSVILLE, TEXAS
77340

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/5

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

JOYCE PATTERSON

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

962 ELKINS LAKE HUNTSVILLE, TX
77340

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/5

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

GUENDA HIGH

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

386 ELKINS LAKE HUNTSVILLE, TEXAS
77340

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/8

10/31

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

MARLENE BRAUNINGER

Amount of contribution (\$)

\$1050.00

Contributor address; City; State; Zip Code

885 ELKINS LAKE HUNTSVILLE, TEX.
77340

\$200.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG + BARBARA WALL 6 Contributor address; City; State; Zip Code 965 ELKINS LAKE HUNTSVILLE, TX. 77340	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW BRAUNINGER Contributor address; City; State; Zip Code 885 ELKINS LAKE HUNTSVILLE, TX 77340	Amount of contribution (\$) \$1025.00
Principal occupation / Job title (See Instructions) MARITIME EXEC.		Employer (See Instructions)
Date 10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERBERT MINYARD Contributor address; City; State; Zip Code 260 ELKINS LAKE HUNTSVILLE, TX 77340	Amount of contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILTON KROESCHE Contributor address; City; State; Zip Code 3802 BOETTCHER DR HUNTSVILLE, TX 77340	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		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 EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out of District	Candidate/Committee/Central Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME MARLENE M. BRAUNINGER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-30-2015		5 Payee name WAGAMON PRINTING			
6 Amount (\$) \$1958.64		7 Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TEXAS 77340			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ANDREW W. BRAUNINGER		Office sought MAYOR	
Date 10-7-15		Payee name WAGAMON PRINTING			
Amount (\$) \$752.22		Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TEXAS 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) POST CARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ANDREW W. BRAUNINGER		Office sought MAYOR	
Date 10-15-2015		Payee name U. S. POST OFFICE			
Amount (\$) \$915.00		Payee address; City; State; Zip Code 3190 HWY 30 WEST HUNTSVILLE, TEXAS 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POSTAGE		Description (If travel outside of Texas, complete Schedule T) POST CARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ANDREW W. BRAUNINGER		Office sought MAYOR	
Date 10-21-2015		Payee name FIRST NATIONAL BANK			
Amount (\$) \$33.00		Payee address; City; State; Zip Code 1300-11TH STREET HUNTSVILLE, TEXAS 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) NEW CHECKS		Description (If travel outside of Texas, complete Schedule T) NEW CHECKS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ANDREW W. BRAUNINGER		Office sought MAYOR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">MARLENE M. BRAUNINGER</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">10-22-2015</p>	5 Payee name <p style="text-align:center">HUNTSVILLE ITEM</p>	
6 Amount (\$) <p style="text-align:center">\$1087.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">1409-10TH STREET HUNTSVILLE, TEXAS 77340</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">NEWSPAPER ADD</p>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">ANDREW W. BRAUNINGER</p>	Office sought <p style="text-align:center">MAYOR</p>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Office held	<p style="text-align:center">COUNCILMAN AT LARGE POSITION 1</p>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Office held		

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