

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

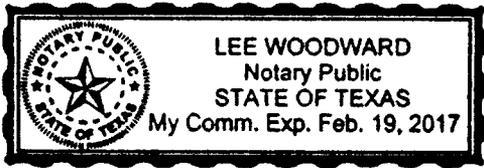
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u>				Date Received	
		FIRST <u>ANDREW</u>		<u>W</u> 10/27/15			
		NICKNAME					
		LAST <u>BRAUNINGER</u>		Date Hand-delivered or Date Postmarked			
		SUFFIX		<u>W</u> 10/27/15			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt #		Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>9 / 25 / 2015</u> THROUGH <u>10 / 24 / 2015</u>		Date Processed			
				<u>W</u> 10/27/15			
				Date Mailed			
				<u>W</u> 10/27/15			

6 EXPLANATION OF CORRECTION
*Correction of date on cover sheet
 correction of date for contribution*

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

Check ONLY if applicable:

- Semiannual reports:** 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:** 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Andy Brauninger
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Brauninger this the 27th 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

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

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

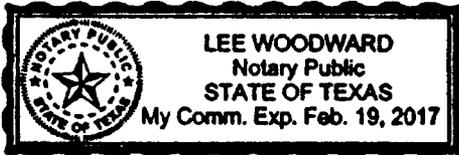
\$ 491.29

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 Brauning
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Brauning, 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA MUNS 6 Contributor address; City; State; Zip Code 1920-20th St. HUNTSVILLE, TEXAS 77340	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 10/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE PATTERSON Contributor address; City; State; Zip Code 962 ELKINS LAKE HUNTSVILLE, TX 77340	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUENDA HIGH Contributor address; City; State; Zip Code 386 ELKINS LAKE HUNTSVILLE, TEXAS 77340	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/8 10/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLENE BRAUNINGER Contributor address; City; State; Zip Code 885 ELKINS LAKE HUNTSVILLE, TEX. 77340	Amount of contribution (\$) \$1050.00 \$200.00
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.

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

DOUG + BARBARA WALL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City; State; Zip Code

965 ELKINS LAKE HUNTSVILLE, TX. 77340

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/22

Full name of contributor

ANDREW BRAUNINGER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1025.00

Contributor address;

City; State; Zip Code

885 ELKINS LAKE HUNTSVILLE, TX
77340

Principal occupation / Job title (See Instructions)

MARITIME EXEC.

Employer (See Instructions)

Date

10/22

Full name of contributor

HERBERT MINYARD

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$60.00

Contributor address;

City; State; Zip Code

260 ELKINS LAKE HUNTSVILLE, TX
77340

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/20

Full name of contributor

MUNTON KOEESCHE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3802 BOETTCHER DR. 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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 2(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 | 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)
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4 Date 9-30-2015	5 Payee name WAGAMON PRINTING
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6 Amount (\$) \$1958.64	7 Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TEXAS 77340
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANDREW W. BRAUNINGER	Office sought MAYOR	Office held COUNCILMAN AT LARGE POSITION 1
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Date 10-7-15	Payee name WAGAMON PRINTING
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Amount (\$) \$752.22	Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TEXAS 77340
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANDREW W. BRAUNINGER	Office sought MAYOR	Office held COUNCILMAN AT LARGE POSITION 1
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Date 10-15-2015	Payee name U. S. POST OFFICE
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Amount (\$) \$915.00	Payee address; City; State; Zip Code 3190 HWY 30 WEST HUNTSVILLE, TEXAS 77340
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANDREW W. BRAUNINGER	Office sought MAYOR	Office held COUNCILMAN AT LARGE POSITION 1
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Date 10-21-2015	Payee name FIRST NATIONAL BANK
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Amount (\$) \$33.00	Payee address; City; State; Zip Code 1300- 11TH STREET HUNTSVILLE, TEXAS 77340
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANDREW W. BRAUNINGER	Office sought MAYOR	Office held COUNCILMAN AT LARGE POSITION 1
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

