

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 10		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u> FIRST <u>ANDREW</u> MI <u>W.</u>			
		NICKNAME LAST SUFFIX <u>BRAWNINGER</u>		Date Hand-delivered or Date Postmarked <u>YW 10/28/15</u>	
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>YW 10/28/15</u>	
				Date Imaged <u>YW 10/28/15</u>	

6 EXPLANATION OF CORRECTION
incorrect amount paid to Huntsville stem totals on COHP. 2

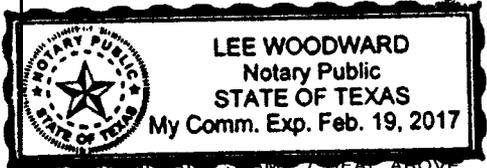
7 AFFIDAVIT

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.



Andy Browning
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Browning, this the 28th day of October, 2015, to certify which, witness my hand and seal of office.

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

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

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

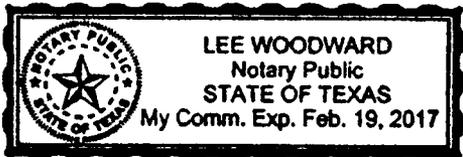
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>ANDREW</u>	SUFFIX <u>W.</u>	Date Received	
	NICKNAME	LAST <u>BRAUNINGER</u>	SUFFIX	<u>Y/W 10/27/15</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January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

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 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST ANDREW	MI W.
	NICKNAME	LAST BRAUNINGER	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 885 ELKINS LAKE HUNTSVILLE, TEXAS 77340		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	895-2180	
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR	FIRST MARLENE	MI M.
	NICKNAME	LAST BRAUNINGER	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1432 GREENBRIAR HUNTSVILLE, TEXAS 77340		
(Residence or Business)			
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 9 / 25 / 2015		Month Day Year 10 / 28 / 2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 3 / 2015	<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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4765.86

CONTRIBUTION
BALANCE

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

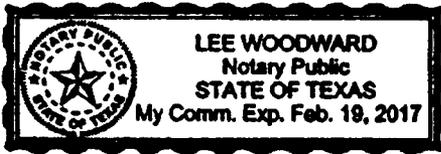
\$ 481.29

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 Bauringer
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Bauringer, 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

SHELDON RAY

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

249 BROADMOOR HUNTSVILLE, TX 77340

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

9/29

Full name of contributor

CHARLES WAGGAMON

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

Amount of contribution (\$)

\$100.00

Contributor address;

1624 AVE D HUNTSVILLE TX 77340

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED JUDGE

Employer (See Instructions)

Date

9/29

Full name of contributor

DIMITRIOS MANTZOROS

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

Amount of contribution (\$)

\$500.00

Contributor address;

133 PARK LANE HUNTSVILLE, TX 77340

City; State; Zip Code

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

Date

10/5

Full name of contributor

GERALD MCCOY

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

Amount of contribution (\$)

\$25.00

Contributor address;

218 WATER'S EDGE HUNTSVILLE, TX 77340

City; State; Zip Code

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

SANDRA MUNS

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

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

1920-20th St. HUNTSVILLE, TEXAS

City; State; Zip Code

77340

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/5

Full name of contributor

JOYCE PATTERSON

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

Amount of contribution (\$)

\$100.00

Contributor address;

962 ELKINS LAKE HUNTSVILLE, TX

City; State; Zip Code

77340

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/5

Full name of contributor

GUENDA HIGH

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

Amount of contribution (\$)

\$100.00

Contributor address;

386 ELKINS LAKE HUNTSVILLE, TEXAS

City; State; Zip Code

77340

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/8

10/31

Full name of contributor

MARLENE BRAUNINGER

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

Amount of contribution (\$)

\$1050.00

Contributor address;

885 ELKINS LAKE HUNTSVILLE, TEX.

City; State; Zip Code

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

10/21

5 Full name of contributor out-of-state PAC (ID#: _____)
DOUG + BARBARA WALL

7 Amount of contribution (\$)

\$100.00

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

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/22

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

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

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

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 5(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 Expenses	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
Fees			

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 Filer)
------------------------------------	--	---------------------------------------

4 Date: 9-30-2015	5 Payee name: WAGAMON PRINTING
--------------------------	---------------------------------------

6 Amount (\$): \$1958.64	7 Payee address; City; State; Zip Code: 1410 SCYAMORE 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 SCYAMORE 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
------------------------	--	--

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
------------------------	--	--

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

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 | Travel Out Of District | Candidate/Officeholder/Political 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)
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4 Date 10-22-2015	5 Payee name HUNTSVILLE ITEM
-----------------------------	--

6 Amount (\$) \$1097.00	7 Payee address; City; State; Zip Code 1409-10TH STREET 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) NEWSPAPER ADD
--------------------------	--	---

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
---	--	-------------------------------	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED