

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

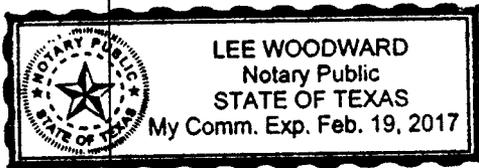
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>12</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u> FIRST <u>Andrew</u> M. NICKNAME LAST <u>BRANNINGER</u> SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <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		Date Hand-Delivered or Date Postmarked <u>12/23/15</u>	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>9 / 25 / 2015</u> THROUGH Month Day Year <u>10 / 24 / 2015</u>		Receipt # _____ Amount \$ _____	
				Date Processed <u>12/23/15</u>	
				Date Imaged <u>12/23/15</u>	

6 EXPLANATION OF CORRECTION  
*Incorrect balance for contributions maintained as of last day of reporting period.*

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 Branninger*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Branninger this the 23<sup>rd</sup> day of December

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

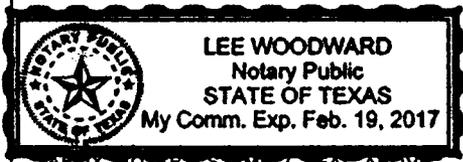
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST NAME <u>ANDREW</u>	MI <u>W.</u>	Date Received		
	NICKNAME	LAST NAME <u>BRAUNINGER</u>	SUFFIX	<u>10/31/15</u>		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 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>10/31/15</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	<u>10/31/15</u>	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>9</u>	<u>25</u>	<u>2015</u>	THROUGH	<u>10</u>	<u>24</u>
				Date Filed	<u>10/31/15</u>	

6 EXPLANATION OF CORRECTION  
Line 5 COM p. 3

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 Brauning  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Brauning, this the 31<sup>st</sup> day of October, 2015, to certify which, witness my hand and seal of office.

Lee Woodward  
Signature of officer administering oath

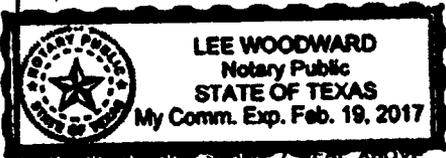
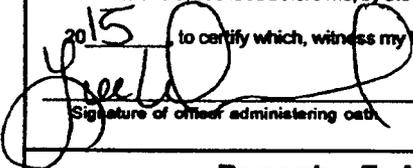
Lee Woodward  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

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

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>10</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(M)</u>	FIRST <u>ANDREW</u>	MI. <u>W.</u>	Date Received <u>JW 10/28/15</u>	
	NICKNAME	LAST <u>BRAWNINGER</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked <u>JW 10/28/15</u>	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	Amount \$
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date processed <u>JW 10/28/15</u>	
	<input checked="" type="checkbox"/> 6th day before election	<input type="checkbox"/> Final report		Date filed <u>JW 10/28/15</u>	
6 EXPLANATION OF CORRECTION <u>incorrect amount paid to Huntsville then totals on COH p. 2</u>					
7 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
Check ONLY if applicable:					
<input type="checkbox"/> 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.					
<input checked="" type="checkbox"/> 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.					
		 Signature of Candidate or Officeholder			
Sworn to and subscribed before me, by the said <u>Andy Brawinger</u> this the <u>28th</u> day of <u>October</u> <u>2015</u> to certify which, witness my hand and seal of office.					
 Signature of officer administering oath		<u>Lee Woodward</u> Printed name of officer administering oath		<u>City Secretary</u> 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

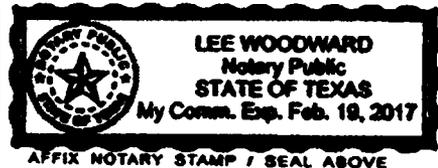
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) <u>MR</u>	FIRST NAME <u>ANDREW</u>	INITIALS <u>W.</u>	Date Received  <u>10/27/15</u>	
	NICKNAME	LAST NAME <u>BRAUNINGER</u>	SUFFIX		
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"/> 6th day before election <input type="checkbox"/> Final report		Date Rec'd or Date Postmarked <u>10/27/15</u>		Amount \$
	5 ORIGINAL PERIOD COVERED		Date Processed		Date Assessed
Month Day Year      THROUGH      Month Day Year <u>9 / 25 / 2015</u> <u>10 / 24 / 2015</u>		<u>10/27/15</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.



*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*      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**

# 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 Filer)	2 Total pages filed: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>ANDREW</b> <sup>FIRST</sup> <b>W.</b> <sup>MI</sup>	OFFICE USE ONLY Date Received <b>10/26/15</b>	
	NICKNAME LAST SUFFIX <b>BRAUNINGER</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>885 ELKINS LAKE HUNTSVILLE, TEXAS 77340</b>	Date Forwarded or Date Forwarded <b>10/26/15</b> Amount \$ <b>10/26/15</b> <b>10/26/15</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(936) 295-2180</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MARLENE</b> <sup>FIRST</sup> <b>M.</b> <sup>MI</sup>	OFFICE USE ONLY Date Received <b>10/26/15</b> Amount \$ <b>10/26/15</b>	
	NICKNAME LAST SUFFIX <b>BRAUNINGER</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>432 GREENBRIAR HUNTSVILLE, TEXAS 77340</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(936) 295-2180</b>		
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"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Final C/OH - FY)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>9 / 25 / 2015</b> THROUGH <b>10 / 26 / 2015</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 3 / 2015</b>	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) <b>COUNCILMAN AT LARGE POSITION 1</b>	13 OFFICE SOUGHT (if known) <b>MAYOR</b>	

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 Filer)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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 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	\$ #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	\$ 4755.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <del>487.29</del> <sup>480.78</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ φ

**18 AFFIDAVIT**



AFFIRMATORY STAMP / SEAL ABOVE

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 16, Election Code.

*Andy Bauringer*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andy Bauringer this the 26<sup>th</sup> day of October, 2015, to certify which, witness my hand and seal of office.

*[Signature]*  
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

18 FILER NAME

20 Filer ID (Ethics Commission Filer)

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	\$ 4785.86
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 Filer)

4 Date

**9/28**

5 Full name of contributor

**SHELDON RAY**

out-of-state PAC (DC: \_\_\_\_\_)

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 WAGGON**

out-of-state PAC (DC: \_\_\_\_\_)

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 (DC: \_\_\_\_\_)

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 (DC: \_\_\_\_\_)

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

5 Full name of contributor

out-of-state PAC (OR \_\_\_\_\_)

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

10/5

**SANDRA MUNS**

Contributor address: **1920-20<sup>th</sup> St. HUNTSVILLE, TEXAS 77340**  
 City: State; Zip Code

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

**RETIRED**

Date

Full name of contributor

out-of-state PAC (OR \_\_\_\_\_)

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

10/5

**JOYCE PATTERSON**

Contributor address: **562 ELKINS LAKE HUNTSVILLE, TX 77340**  
 City: State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

**RETIRED**

Date

Full name of contributor

out-of-state PAC (OR \_\_\_\_\_)

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

10/5

**GUENDA HIGH**

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

**RETIRED**

Date

Full name of contributor

out-of-state PAC (OR \_\_\_\_\_)

Amount of contribution (\$) **\$1050.00**

10/8  
10/31

**MARLENE BRAUNINGER**

Contributor address: **885 ELKINS LAKE HUNTSVILLE, TEX. 77340**  
 City: State; Zip Code

**\$200.00**

Principal occupation / Job title (See instructions)

Employer (See instructions)

**RETIRED**

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 Filer)

4 Date

10/21

5 Full name of contributor

DOUG + BARBARA WALL

out-of-state PAC (OE: \_\_\_\_\_)

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

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 (OE: \_\_\_\_\_)

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 (OE: \_\_\_\_\_)

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

MILTON KROESCHE

out-of-state PAC (OE: \_\_\_\_\_)

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**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Travel Expense  
Fees

Gifts/Wards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel in District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total number of Schedule F-2 forms filed: **2** 2 FILER NAME: **MARLENE M. BRAUNINGER** 3 ACCOUNT # (Ethics Commission File #):

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**

8 PURPOSE OF EXPENDITURE: **ADVERTISING** (9) Category (See categories listed at the top of this schedule): **ADVERTISING** (10) 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** **COUNCILMAN AT LARGE POSITION 1**

Date: **10-7-15** Payee name: **WAGAMON PRINTING**

Amount (\$): **\$752.22** Payee address: City: State: Zip Code: **1410 SCYAMORE HUNTSVILLE, TEXAS 77340**

PURPOSE OF EXPENDITURE: **ADVERTISING** (9) Category (See categories listed at the top of this schedule): **ADVERTISING** (10) 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** **COUNCILMAN AT LARGE POSITION 1**

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: **POSTAGE** (9) Category (See categories listed at the top of this schedule): **POSTAGE** (10) 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** **COUNCILMAN AT LARGE POSITION 1**

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: **NEW CHECKS** (9) Category (See categories listed at the top of this schedule): **NEW CHECKS** (10) 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** **COUNCILMAN AT LARGE POSITION 1**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Ward/Meal/Entertainment Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Bookkeeping	Legal Services	Self-education/Training Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Printing Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees		Office Overhead/Rental Expense	

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 Form)

4 Date: **10-22-2015**      5 Payee name: **HUNTSVILLE ITEM**

6 Amount (\$): **\$1097.00**      7 Payee address: **1409-10 1/2 STREET HUNTSVILLE, TEXAS 77340**  
City, State, Zip Code

8 PURPOSE OF EXPENDITURE: **ADVERTISING**      (a) Category (see categories listed at the top of this schedule)  
**NEWSPAPER AD**      (b) Description (if listed outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit COH: **ANDREW W. BRAUNINGER**      Candidate / Officeholder name      **MAYOR**      Office sought      **COUNCILMAN AT LARGE POSITION 1**      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 listed outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit COH:      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 listed outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit COH:      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 listed outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit COH:      Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

