

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

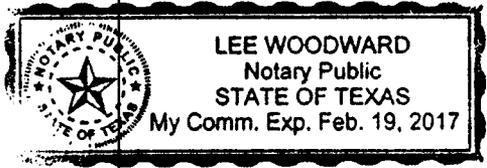
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>8</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(M)</u>	FIRST <u>ANDREW</u>	MI <u>W</u>	Date Received <u>JW 12/23/15</u>	
	NICKNAME	LAST <u>BRAUNINGER</u>	SUFFIX	Date Hand delivered or Date Postmarked <u>JW 12/23/15</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount \$
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed <u>JW 12/23/15</u>	Date Imaged <u>JW 12/23/15</u>
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	Month Day Year	Month Day Year	
			<u>10 / 25 / 2015</u> THROUGH	<u>12 / 2 / 2015</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.



[Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Brauninger, this the 23 day of December

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

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

Handwritten text, possibly a signature or a note, located in the lower right quadrant of the page. The text is illegible due to the image quality.

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:

7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST ANDREW

MI W.

NICKNAME

LAST

SUFFIX

BRAUNINGER

OFFICE USE ONLY

Date Received

W 12/3/15

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

885 ELKINS LAKE
HUNTSVILLE, TX. 77340

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(936) 295-2180

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Date Imaged

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST MARLENE

MI 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, TX. 77340

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(936) 295-2180

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 8th day before election
 Exceeded \$500 limit
 Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
10/25/2015 THROUGH 12/2/2015

11 ELECTION

ELECTION DATE

Month Day Year

12/12/2015

ELECTION TYPE

- Primary Runoff Other Description
 General 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)

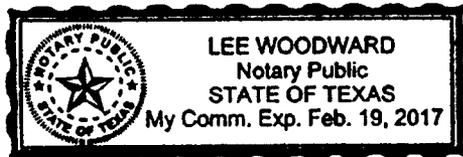
16 NOTICE FROM POLITICAL COMMITTEE(S)

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	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	\$ 120.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1220.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1620.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 80,788.19
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 Brauninger
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Brauninger this the 3rd 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

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	\$ 1220.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1620.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME ANDREW W. BRAUNINGER		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELOISE E. LEONARD	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code 2301 MAPLE LANE HUNTSVILLE, TEXAS 77340		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 11/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA HANSCOM	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 677 ELKINS LAKE HUNTSVILLE, TEX. 77340		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE PATTERSON	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 862 ELKINS LAKE HUNTSVILLE, TEX. 77340		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEGGY KROESCHE	Amount of contribution (\$) \$50.00
Contributor address: City: State: Zip Code 3882 BOETTCHER DR. HUNTSVILLE, TEXAS 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:

3

2 FILER NAME

ANDREW W. BRAUNINGER

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/2015

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

JAMES KELLY

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1684 WOODLAND VALLEY HUNTSVILLE, TX. 77340

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/27/2015

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

JANICE ADAMS

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2215 NORMAL PARK HUNTSVILLE, TX. 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2015

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

PETE JANNETT

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

411 AUGUSTA HUNTSVILLE, TX. 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2015

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

MARLENE BRAUNINGER

Amount of contribution (\$)

\$400.00

Contributor address; City; State; Zip Code

1432 GREENBRIAR HUNTSVILLE, TEXAS 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: 3
2 FILER NAME ANDREW W. BRAUNINGER		3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER O'BANNION	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2327 AVE. N-1/2 HUNTSVILLE, TEX, 77346		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 31	2 FILER NAME ANDREW W. BRAUNINGER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/28/2015	5 Payee name HUNTSVILLE ITEM
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6 Amount (\$) \$1097.00	7 Payee address; City; State; Zip Code 1409-10th ST, HUNTSVILLE, TEXAS 77340
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) NEWSPAPER ADVERTISEMENT	(b) Description (If travel outside of Texas, complete Schedule T) HALF PAGE AD
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9 Complete <u>ONLY</u> 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 11/24/2015	Payee name WAGAMON PRINTING
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Amount (\$) 523.51	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) SIGNS
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Complete <u>ONLY</u> 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	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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

