

1 ACCOUNT / ACCOUNT #
(PRINT OR TYPE NAME)

3 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY
Mrs Ann

OFFICEHOLDER TITLE

NAME

NICKNAME LAST Teich

SUFFIX

TREASURER NAME

Mr. Randal

NICKNAME LAST SUFFIX
Teich

7 CAMPAIGN

TREASURER ADDRESS
(residence or business)

9201 Quail Hill Circle
Austin, TX 78758-6617

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 836 1051

CANDIDATE/OFFICEHOLDER REPORT

FORM 700H

STANDARD & TOTALS

COVER SHEET PAGE 2

REPORTER NAME Teich, Ann

46 NOTICE FROM COMMITTEES

GENERAL

COMMITTEE ADDRESS

OFFICE SPECIFIC

9201 Qual Hill Circle
Austin TX 78758-6617

COMMITTEE CAMPAIGN TREASURER NAME

Randal E. Teich

additional names

9201 Qual Hill Circle
Austin, TX 78758-6617

47 CONTRIBUTION TOTALS

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED.

EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 250.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,917.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR ROW #61

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: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filer)

Page 1 of 1

Reich, Ann

15. AMOUNT (\$)	16. Payee address:	CITY:	STATE:	ZIP CODE:
250.00				
	P O Box 180803 Austin, TX 78718			

17. Complete ONLY 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)

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

DATE	PAYEE NAME

19. PURPOSE OF EXPENDITURE CATEGORY (See categories listed at the top of this schedule)

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS AND PURCHASE OF INVESTMENTS**

SCHEDULE K

1 Total pages Schedule K:
1011

4 Date 12/31/2014	5 Name of person from whom amount is received Randolph Brooks FCU 6 Address of person from whom amount is received; City; State; Zip Code PO Box 2097 Universal City, TX 78148-2097	8 Amount (\$) 2.58
7 Purpose for which amount is received Interest income on deposits		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		