

Filer ID (Ethics Commission Filer) Total pages filed

The C/OH Instruction Guide explains how to complete this form.

4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Ann	

OFFICE USE ONLY
Date Received

MAILING ADDRESS	9201 Quail Hill Circle Austin, TX 78758-6617
<input type="checkbox"/> Change of Address	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Randal	

Receipt #	Amount \$
Date Processed	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9201 Quail Hill Circle Austin, TX 78758-6617
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8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	836 - 1054	

(Officeholder Only)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	30	2015		06	30	2015

Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14. C/OH NAME

15. Filer ID (Ethics Commission Filers)

GENERAL

Ann Teich for School Board

SPECIFIC

COMMITTEE ADDRESS

9201 Quail Hill Circle
Austin, TX 78758-6617

COMMITTEE CAMPAIGN TREASURER NAME

Randolph Teich

COMMITTEE CAMPAIGN TREASURER ADDRESS

9201 Quail Hill Circle
Austin, TX 78758-6617

17. CONTRIBUTION

4.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
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EXPENDITURE

3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED	\$ 0.00
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CONTRIBUTION

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

18. AFFIDAVIT

I, the undersigned, hereby certify that the accompanying report is true and correct.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

6/25/2015

Randolph Brooks ECU

137

6. Address of person from whom amount is received: City: State: Zip Code

Universal City, TX 78148-7047

Date

Name of person from whom amount is received

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received: Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received: Check if political contribution returned to filer