

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGN FINANCE REPORT

COVER SHEET DC 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
3

PHOTO

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

Date Received

SUFFIX

LAST

SUFFIX

ADDRESS

Change of Address

CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Received

Date Destroyed

(512) 836-1034

Receipt #

Amount \$

NAME

NICKNAME

LAST

Teich

SUFFIX

Date Processed

Date Imposed

PHONE

512 836-1034

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM 600
COVER SHEET PG 2**

14 OFFICER NAME
Teich, Ann

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE KNOWLEDGE OR CONSENT OF CANDIDATE(S) AND OFFICEHOLDER(S) AND SHOULD BE REPORTED AS SUCH.

COMMITTEE CAMPAIGN TREASURER ADDRESS
Austin, TX 78758-6617

1. TOTAL POLITICAL CONTRIBUTIONS OF \$25 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

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

4. TOTAL POLITICAL EXPENDITURES

BALANCE OF REPORTING PERIOD \$ 1,922.56

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

SCHEDULE K

4. Date	5. Name of person from whom amount is received	6. Amount (\$)
6/30/2016	Randolph Brooks FCU	2.06
6. Address of person from whom amount is received: City: State: Zip Code: PO Box 2097 Universal City, TX 78148-2097		

4. Date	5. Name of person from whom amount is received	6. Amount (\$)
Address of person from whom amount is received: City: State: Zip Code:		

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 <input type="checkbox"/> Check if political contribution returned to filer		