

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 11		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Ann	MI	Date Received '12 OCT 18 PM 12:50:35	
	NICKNAME	LAST Teich	SUFFIX	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 07 / 24 / 2012	THROUGH	Month Day Year 09 / 27 / 2012		

6 EXPLANATION OF CORRECTION

Correct ending report date to 09/27/2012. Include schedule F (2 pages) omitted in error.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, 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 (excluding semiannual reports due on or after September 1, 2011): 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.



Ann F. Teich
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Teich, this the 18th day of OCTOBER, 2012, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Sarah Blackwell Title of officer administering oath: 10:03am

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 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Ann	MI
	NICKNAME	LAST Teich	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE 9201 Quail Hill Circle Austin, TX 78758-6617		OFFICE USE ONLY Date Received
	AREA CODE PHONE NUMBER EXTENSION (512) 836 - 1054		Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 836 - 1054		Receipt # Amount
	MS / MRS / MR Mr.		Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Randal	MI
	NICKNAME	LAST Teich	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 9201 Quail Hill Circle Austin, TX 78758-6617		Date Imaged
	AREA CODE PHONE NUMBER EXTENSION (512) 836 - 1054		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 07 Day 24 Year 2012 THROUGH Month 09 Day 27 Year 2012		
11 ELECTION	ELECTION DATE Month 11 Day 06 Year 2012		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AISD Bd of Trustees Place 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Teich, Ann	15 ACCOUNT # (Ethics Commission Filers)
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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"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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	\$ 375.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 100.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,969.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,830.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.



Ann E. Teich
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Teich, this the 18th day of October, 20 12, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Sarah Blackwell Printed name of officer administering oath
10:03 AM Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

Teich, Ann

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/8/2012

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

Lucius & Lynn Bunton

6 Contributor address; City; State; Zip Code

6005 Mountain Villa Dr.
Austin, TX 78731

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/10/2012

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

Cindy Wallingford

Contributor address; City; State; Zip Code

406 Hazeltine
Austin, TX 78734

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/2012

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

Randal & Ann Teich

Contributor address; City; State; Zip Code

9201 Quail Hill Circle
Austin, TX 78758

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/13/2012

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

James M. Hicks/Julie Nelson

Contributor address; City; State; Zip Code

9536 Ketona Cv
Austin, TX 78759

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/14/2012

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

Sally M. Watkins

Contributor address; City; State; Zip Code

2500-D Quarry Road
Austin, TX 78703

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

Teich, Ann

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/14/2012

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

Tom & Robbie Ausley

6 Contributor address; City; State; Zip Code

3707 Laureledge Ln.
Austin, TX 78731

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/20/2012

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

Robert & Nancy Leeper

Contributor address; City; State; Zip Code

6613 Toolwrich Ln.
Austin, TX 78739

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2012

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

Eva Hardeman

Contributor address; City; State; Zip Code

8229 Summer Side Dr.
Austin, TX 78759

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2012

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

Jimmie Sue & Richard Francis

Contributor address; City; State; Zip Code

1705 Spyglass Dr. Apt. 4
Austin, TX 78746

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/2012

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

Rebecca Yohe

Contributor address; City; State; Zip Code

1806 Niles Rd.
Austin, TX 78703

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 3

2 FILER NAME

Teich, Ann

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/27/2012

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

Louis & Elizabeth Malfaro

6 Contributor address; City; State; Zip Code

1610 E. 11th St.

Austin, TX 78702

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/6/2012

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

Caroline Jones & Greg Troclair

Contributor address; City; State; Zip Code

8100 Marble Ridge

Austin, TX 78747

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/2012

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

Glenn & Deborah Johnson

Contributor address; City; State; Zip Code

142 Pecos St.

Bastrop, TX 78612

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/2012

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

Stan & Bergan Casey

Contributor address; City; State; Zip Code

5005 Westview Dr.

Austin, TX 78731

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/2012

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

Education Austin PAC

Contributor address; City; State; Zip Code

316 West 12th St. Ste 202

Austin, TX 78701

Amount of contribution (\$)

5000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

LOANS

SCHEDULE E

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule E: 1 of 1</p>
<p>2 FILER NAME Teich, Ann</p>	<p>3 ACCOUNT # (Ethics Commission Filers)</p>

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

<p>5 Date of loan 8/14/2012</p>	<p>7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Teich, Randal & Ann</p>	<p>9 Loan Amount (\$) 2,000</p>
<p>6 Is lender a financial Institution? XX N</p>	<p>8 Lender address; City; State; Zip Code 9201 Quail Hill Circle Austin, TX 78758</p>	<p>10 Interest rate 0%</p>
		<p>11 Maturity date 11/6/2012</p>

<p>12 Principal occupation / Job title (See Instructions)</p>	<p>13 Employer (See Instructions)</p>
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<p>14 Description of Collateral <input type="checkbox"/> none</p>	<p>15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/></p>
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<p>16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable</p>	<p>17 Name of guarantor 18 Guarantor address; City; State; Zip Code</p>	<p>19 Amount Guaranteed (\$)</p>
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<p>20 Principal Occupation (See Instructions)</p>	<p>21 Employer (See Instructions)</p>
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<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p>Loan Amount (\$)</p>
<p>Is lender a financial Institution? Y N</p>	<p>Lender address; City; State; Zip Code</p>	<p>Interest rate</p>
		<p>Maturity date</p>

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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<p>Description of Collateral <input type="checkbox"/> none</p>	<p>Check if personal funds were deposited into political account <input type="checkbox"/></p>
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<p>GUARANTOR INFORMATION <input type="checkbox"/> not applicable</p>	<p>Name of guarantor Guarantor address; City; State; Zip Code</p>	<p>Amount Guaranteed (\$)</p>
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<p>Principal Occupation (See Instructions)</p>	<p>Employer (See Instructions)</p>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: Page 1 of 2	2 FILER NAME Teich, Ann	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/15/2012	5 Payee name Kelley Toombs	
6 Amount (\$) 1,980.00	7 Payee address; City; State; Zip Code 11315 D K Ranch Rd Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Graphic Design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/20/2012	Payee name North Austin Civic Assoc.	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 180803 Austin, TX 78718-0803	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newsletter Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/24/2012	Payee name Worley Printing	
Amount (\$) 239.23	Payee address; City; State; Zip Code 3217 IH 35 N Austin, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/24/2012	Payee name La Voz	
Amount (\$) 325.00	Payee address; City; State; Zip Code P.O. Box 19457 Austin, TX 78760	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newspaper Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: Page 2 of 2	2 FILER NAME Teich, Ann	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/17/2012	5 Payee name La Voz	
6 Amount (\$) 325.00	7 Payee address; City; State; Zip Code P.O. Box 19457 Austin, TX 78760	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Newspaper Advertisement
9 Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> 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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: Page 1 of 2	2 FILER NAME Teich, Ann	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/14/2012	5 Payee name Leslie A Vandivier	
6 Amount (\$) 541.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 Seawind Lakeway, TX 78734-4446	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Photographs for Distribution
Date Various	Payee name Office Depot	
Amount (\$) 82.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2620 Anderson Ln. Austin, TX 78757	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Handouts
Date 9/12/2012	Payee name Office Max	
Amount (\$) 8.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4625 N. Lamar Austin, TX 78756	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Handouts
Date 9/4/2012	Payee name Rubber Stamp Co.	
Amount (\$) 8.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3314 S Congress Ave. Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Candidate Name Badge

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: Page 2 of 2	2 FILER NAME Teich, Ann	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/17/2012	5 Payee name Austin Republican Women
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6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Speak to Group
--------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED