# 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 First Ann	MI	OFFICE USE ONLY Date Received '13 JAN 14 PH4:0'
	NICKNAME LAST Teich	SUFFIX	TO OTHE TANKER
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / PO BOX; APT / SUITE#; CITY;  9201 Quail Hill Circle  Austin, TX 78758-6617	STATE; ZIP CODE	Date Hand-delivered or Postmarked  Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512) 836 - 1054	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Randal  NICKNAME LAST Teich	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#  9201 Quail Hill Circle  Austin, TX 78758-6617	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 512) 836 - 1054	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month 10 27 2012 THROUGH	Month 12 31 Deay	2012
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  AISD Bd of Trustees Place 3	13 OFFICE SOUGHT (if known)	
	GOTOPAG	E 2	•

### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Teich, Ann	1	5 ACCOUNT # (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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES		\$ 150.00		
EXPENDITURE TOTALS			IZED \$ 0.00		
			\$ (2,854.65)		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AY \$ 3,160.11		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ 0.00		
18 AFFIDAVIT	SARAH BETH SONN otary Public, State o My Commission Ex December 16, 20	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAN	IP / SEAL ABOVE	Signature of Cano	didate or Officeholder		
Sworn to and sub	AMIO	,2	, this the ny hand and seal of office.		
		Sarah Beth Sonnier	notary public		
Signature of officer adm	intering oath	Printed name of officer administering oath	Title of officet administering oath		

SCHEDULE A

(TDD 1-800-735-2989)

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

The Instruction Cuids analoine how to account to this form		1 Total pages Schedule A:		
The Instruction Guide explains how to complete this form.		1 of 1		
FILER NAME				thics Commission Filers)
TILLIN TWANT				
	Teich, Ann			
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	Dr. Dorinda Noble		CONTRIBUTION (4)	description (ii applicable
11/2/2012	6 Contributor address; City; State; Zip Code		100	
	132 Horton			
	Kyle, TX 78640			
	Kyle, IX 760 le		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
			CONTRIBUTION (4)	Coordinate (ii applicable
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
			Amount of contribution (\$)	· · · · · · · · · · · · · · · · · · ·
	Full name of contributor			
	Full name of contributor			· · · · · · · · · · · · · · · · · · ·
	Full name of contributor		contribution (\$)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor	Employer (See I	contribution (\$)	description (if applicable
Date	Full name of contributor	Employer (See I	contribution (\$)	description (if applicable
Date	Full name of contributor	Employer (See I	contribution (\$)  (If travel outside Instructions)	description (if applicable description (if applicable description (if applicable description descripti
Date Principal occup	Full name of contributor  out-of-state PAC (ID#	Employer (See I	contribution (\$)  (If travel outside Instructions)	description (if applicable description (if applicable description (if applicable description descripti
Date Principal occup	Full name of contributor	Employer (See I	contribution (\$)  (If travel outside Instructions)	description (if applicable description (if applicable description (if applicable description descripti
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Date Principal occup	Full name of contributor	Employer (See I	contribution (\$)  (If travel outside Instructions)	description (if applicable description (if applicable description (if applicable description descripti
Date Principal occup	Full name of contributor	Employer (See I	(If travel outside instructions)  Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)
Date  Principal occup  Date	Full name of contributor	Employer (See I	(If travel outside Instructions)  Amount of contribution (\$)	description (if applicable description (if applicable description (if applicable description descripti
Date  Principal occup  Date	Full name of contributor  out-of-state PAC (ID#		(If travel outside Instructions)  Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occur  Date  Principal occur	Full name of contributor  out-of-state PAC (ID#		(If travel outside Instructions)  Amount of contribution (\$)  (If travel outside Instructions)	description (if applicable description description (if applicable description
Date  Principal occup  Date	Full name of contributor  out-of-state PAC (ID#		(If travel outside Instructions)  Amount of contribution (\$)	description (if applicable description description description (if applicable description (if applicable description des
Principal occup	Full name of contributor  out-of-state PAC (ID#		(If travel outside Instructions)  Amount of contribution (\$)  (If travel outside Instructions)	description (if applicable description description description (if applicable description description description description (if applicable description
Date  Principal occur  Date  Principal occur	Full name of contributor  out-of-state PAC (ID#		(If travel outside Instructions)  Amount of contribution (\$)  (If travel outside Instructions)	description (if applicable description description description (if applicable description description description description (if applicable description
Principal occup	Full name of contributor		(If travel outside Instructions)  Amount of contribution (\$)  (If travel outside Instructions)	description (if applicable description description description (if applicable description description description description (if applicable description
Principal occul  Date  Principal occul	Full name of contributor		(If travel outside Instructions)  Amount of contribution (\$)  (If travel outside Instructions)	description (if applicable description description (if applicable description description (if applicable description (if applicable description (if applicable description description (if applicable description descripti
Date  Principal occur  Date  Principal occur  Date	Full name of contributor		(If travel outside Instructions)  Amount of contribution (\$)  (If travel outside Instructions)  Amount of contribution (\$)	description (if applicable description description (if applicable description

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### **POLITICAL EXPENDITURES**

Texas Ethics Commission

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Printing Expense Office Overhead  The Instruction Guide explains how to	Contract Labor raising Expense t istrict //Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME	o complete this for	3 ACCOUNT # (Ethics Commission Filers)
Page 1 of 2	Teich, Ann		3 ACCOUNT # (Etnics Commission Filers,
Date	5 Payee name		
11/1/2012	Worley Printing		
Amount (\$)	7 Payee address; City; State; Zip Code		
267.38	3217 IH 35 N Austin, TX 78722		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printing	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	office held
Date	Payee name		
11/15/20	012 Casa Chapala		
Amount (\$)	Payee address; City; State; Zip Code		the control of the second of t
587.27	3010 West Anderson Lane		
367.27	Austin, TX 78757		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Event Expense	Victory Cel	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	office held
Date	Payee name		
11/15/2012	Randal Teich		
Amount (\$)	Payee address; City; State; Zip Code		
2,000.00	9201 Quail Hill Circle		
	Austin, TX 78758		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Loan Repayment/Reimbursement	Loan Repay	yment
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			

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

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	
2 FILER NAME	Teich, Ann		hics Commission Filers)
4 Date 12/31/2012	<ul> <li>Name of person from whom amount is received         Randolph Brooks FCU</li> <li>Address of person from whom amount is received; City; State; Zip Code         PO Box 2097         Universal City, TX 78148-2097</li> <li>Purpose for which amount is received         Interest income on deposits</li> </ul>		8 Amount (\$)\$0.29
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
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		
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		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	