	E / OFFICEHOLDER		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 /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs. Ann		Date Received
	NICKNAME LAST Teich	SUFFIX	'12 OCT 3 AK10:45:51
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 Mr. Randal	MI	Date Imaged
NAME	NICKNAME LAST Teich	SUFFIX	
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 X 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month 08 10 Year THROUGH	Month Day 10 06	2012 Year
11 ELECTION	Month ELECTION DATE ELECTION TYPE 11 06 2012 Primary	Runoff X	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known AISD Bd of Trus	
	GO TO PA	GE 2	

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CANDIDAT SUPPORT		SEHOLDER REPORT:	FORM C/OH COVER SHEET PG 2
14 C/OH NAME	Teich, Ann	1	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	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	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,555.00
EXPENDITURE	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$ 225.20
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,195.14
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$ 4,379.86
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	<sup>HE</sup> \$ 2,000.00
Notar	RAH BETH BLACKWE y Public, State of T Commission Expir ecember 16, 201	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report nformation required to be reported by
Resulting Theorem Constrained Second S		Signature of Cano	idate or Officeholder
	scribed before	me, by the said <u>Salvah Ballku</u> EK, 20 12, to certify which, witness m	<u>cll</u> , this the
	7	Savah Balkvell h	Harry Rublic
Signature of officer adm www.ethies.state.tx.us	Inistering oath	Printed name of officer administering oath	Title of officer administering oath Revised 09/28/201

SCHEDULE A

	The	Instruction Guide explains how to complete this for	rm.	1 Total pages Sch	edule A:
				1 of 4 3 ACCOUNT # (F	thics Commission Filers)
	FILER NAME			e //0000/// // (2	
		Teich, Ann			
ŀ	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution
		Lucius & Lynn Bunton		Contribution (\$)	description (if applicable
2	8/8/2012	6 Contributor address; City; State; Zip Code 6005 Mountain Villa Dr.		100	
		Austin, TX 78731			
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	Dation / Job title (See Instructions)	Employer (See I	nstructions)	
	D. /				1.1.1.1
	Date	Full name of contributor Out-of-state PAC (ID#: Cindy Wallingford	)	Amount of contribution (\$)	In-kind contribution description (if applicable
;	8/10/2012	Contributor address; City; State; Zip Code 406 Hazeltine		100	
		Austin, TX 78734			والمتحد والملاحد المتح
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I		
	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
		Randal & Ann Teich		contribution (\$)	description (if applicable
	8/10/2012	Contributor address; City; State; Zip Code	•••••••	500	
		9201 Quail Hill Circle			
		Austin, TX 78758			
					of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			Employer (See I		of Texas, complete Schedule T)
	Principal occu Date	Full name of contributor out-of-state PAC (ID#:	Employer (See I	nstructions)	1
	Date	Full name of contributor 🔲 out-of-state PAC (ID# James M. Hicks/Julie Nelson	Employer (See I	Amount of contribution (\$)	In-kind contribution
		Full name of contributor out-of-state PAC(ID# James M. Hicks/Julie Nelson Contributor address; City; State; Zip Code	Employer (See 1	Amount of	In-kind contribution
	Date	Full name of contributor out-of-state PAC (ID# James M. Hicks/Julie Nelson Contributor address; City; State; Zip Code 9536 Ketona Cv	Employer (See I	Amount of contribution (\$)	In-kind contribution
	Date	Full name of contributor out-of-state PAC(ID# James M. Hicks/Julie Nelson Contributor address; City; State; Zip Code	Employer (See I	Amount of contribution (\$) 100	In-kind contribution description (if applicable
	Date 8/13/2012	Full name of contributorout-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 (If travel outside	In-kind contribution
	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	Employer (See I	Amount of contribution (\$) 100 (If travel outside	In-kind contribution description (if applicable
	Date 8/13/2012 Principal occu	Full name of contributor       out-of-state PAC (ID#	) 	nstructions) Amount of contribution (\$) 100 (If travel outside nstructions)	In-kind contribution description (if applicable of Texas, complete Schedule T)
	Date 8/13/2012	Full name of contributor       out-of-state PAC (ID#	) 	Amount of contribution (\$) 100 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/13/2012 Principal occu Date	Full name of contributor       out-of-state PAC (ID#	) 	Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/13/2012 Principal occu	Full name of contributor       out-of-state PAC (ID#	) 	nstructions) Amount of contribution (\$) 100 (If travel outside nstructions) Amount of	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/13/2012 Principal occu Date	Full name of contributor       out-of-state PAC (ID#	) 	Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T)
	Date 8/13/2012 Principal occu Date	Full name of contributor       out-of-state PAC (ID#	) 	Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/13/2012 Principal occu Date 8/14/2012	Full name of contributor       out-of-state PAC (ID#	Employer (See I	nstructions) Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$) 250 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/13/2012 Principal occu Date 8/14/2012	Full name of contributor       out-of-state PAC (ID#	) 	nstructions) Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$) 250 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
	Date 8/13/2012 Principal occu Date 8/14/2012	Full name of contributor       out-of-state PAC (ID#	Employer (See I	nstructions) Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$) 250 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
	Date 8/13/2012 Principal occu Date 8/14/2012	Full name of contributor       out-of-state PAC (ID#	Employer (See I	nstructions) Amount of contribution (\$) 100 (If travel outside nstructions) Amount of contribution (\$) 250 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable

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SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 2 of 4	edule A:
2	FILER NAME				thics Commission Filers)
		Taich Ann			
		Teich, Ann			
-	Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
		Tom & Robbie Ausley			
	8/14/2012	6 Contributor address; City; State; Zip Code 3707 Laurelledge Ln.		100	
		Austin, TX 78731			
		· · · · · · · · · · · · · · · · · · ·		(If travel outside	of Texas, complete Schedule T)
)	Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	de la companya de la
	Date	Full name of contributor out-of-state PAC (ID#.	1	Amount of	In-kind contribution
	Date			contribution (\$)	description (if applicable
		Robert & Nancy Leeper			
	8/20/2012	Contributor address; City; State; Zip Code 6613 Toolwrich Ln.		100	
		Austin, TX 78739			
				design of the second	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Dub	Eva Hardeman		contribution (\$)	description (if applicable
	0/00/0040			500	
	8/20/2012	Contributor address; City; State; Zip Code		500	
		8229 Summer Side Dr.			
		Austin, TX 78759		101 million - 10	
					of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)			of Texas, complete Schedule T)
		Full name of contributor out-of-state PAC (ID#		Instructions)	In-kind contribution
	Date	Full name of contributor 🗌 out-of-state PAC (ID# Jimmie Sue & Richard Francis		Amount of contribution (\$)	In-kind contribution
		Full name of contributorout-of-state PAC (ID# Jimmie Sue & Richard Francis Contributor address; City; State; Zip Code		Amount of	In-kind contribution
	Date	Full name of contributor 🗌 out-of-state PAC (ID# Jimmie Sue & Richard Francis		Amount of contribution (\$)	In-kind contribution
	Date	Full name of contributorout-of-state PAC (ID# Jimmie Sue & Richard Francis Contributor address; City; State; Zip Code		Amount of contribution (\$)	1
	Date 8/20/2012	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside	In-kind contribution
	Date 8/20/2012	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) 100 (If travel outside	In-kind contribution description (if applicable
	Date 8/20/2012	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/20/2012 Principal occu	Full name of contributor       out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/20/2012 Principal occu Date	Full name of contributor       out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/20/2012 Principal occu	Full name of contributor       out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/20/2012 Principal occu Date	Full name of contributor       out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/20/2012 Principal occu Date	Full name of contributor       out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$) 100	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
	Date 8/20/2012 Principal occu Date 8/27/2012	Full name of contributor       out-of-state PAC (ID#	Employer (See I	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$) 100 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution
	Date 8/20/2012 Principal occu Date 8/27/2012	Full name of contributor       out-of-state PAC (ID#	)	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$) 100 (If travel outside	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
	Date 8/20/2012 Principal occu Date 8/27/2012	Full name of contributor       out-of-state PAC (ID#	Employer (See I	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$) 100 (If travel outside Instructions)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
	Date 8/20/2012 Principal occu Date 8/27/2012 Principal occu	Full name of contributor       out-of-state PAC (ID#	Employer (See I	Amount of contribution (\$) 100 (If travel outside Instructions) Amount of contribution (\$) 100 (If travel outside Instructions)	In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable

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SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 3 of 4	edule A:	
-				Contraction of the second s	thics Commission Filers)	
	FILER NAME			• //0000/// // (E		
		Teich, Ann				
	Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of	8 In-kind contribution	
		Louis & Elizabeth Malfaro		contribution (\$)	description (if applicable	
	8/27/2012			100		
	0/2//2012	6 Contributor address; City; State; Zip Code 1610 E. 11th St.				
		Austin, TX 78702				
					of Texas, complete Schedule T)	
	Principal occuj	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
-	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution	
		Caroline Jones & Greg Trosclair		contribution (\$)	description (if applicable	
	9/6/2012	Contributor address; City; State; Zip Code		100		
		8100 Marble Ridge				
		Austin, TX 78747				
				(If travel outside o	of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)		
-	Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of	In-kind contribution	
	Dute	Glenn & Deborah Johnson		contribution (\$)	description (if applicable	
	0/0/2012			100		
	9/6/2012	Contributor address; City; State; Zip Code 142 Pecos St.		100		
		Bastrop, TX 78612				
				(If travel outside of Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)		
-	Date	Full name of contributor out-of-state PAC (ID#.	)	Amount of	In-kind contribution	
		Stan & Bergan Casey		contribution (\$)	description (if applicable	
	0/0/2012			100		
	9/6/2012	Contributor address; City; State; Zip Code 5005 Westview Dr.		100		
		Austin, TX 78731				
				(If travel outside	of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)		
-	Date	Full name of contributor out-of-state PAC (ID#.	)	Amount of	In-kind contribution	
		Education Austin PAC		contribution (\$)	description (if applicable	
	0/0/0040			5000		
	9/6/2012	Contributor address; City; State; Zip Code		5000		
		316 West 12th St. Ste 202				
		Austin, TX 78701				
					of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)		
	i molparocoa					
		ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE	AS NEEDED		
		ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr			requirements.	

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
				4 of 4	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
		Teich, Ann			
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of	8 In-kind contribution
		Thomas H. Watkins		contribution (\$)	description (if applicable)
	9/28/2012	6 Contributor address; City; State; Zip Code 111 Congress Ave; Ste 1400		500	
		Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
-	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
		Timothy Tricke & Jennifer Whitten		contribution (\$)	description (if applicable)
	10/3/2012		in the start of the set	250	
	10/3/2012	Contributor address; City; State; Zip Code		250	
		5609 Bullard Dr			
		Austin, TX 78757			
	Dringing agour	action / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
	<b>D</b> (	Full name of contributor Out-of-state PAC (ID#:		A	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if 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	instructions)	
		· · · · · · · · · · · · · · · · · · ·			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
1					
				(If travel outside	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		
	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
			· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			Chiployer (See 1	notractions)	
		ATTACH ADDITIONAL COPIES O			
	lf c	ontributor is out-of-state PAC, please see instr	uction guide forado	litional reporting	requirements.

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P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

The	e Instruction Guide explains how to c	omplete this form.	1 Total pa	ages Schedule E: f 1
2 FILER NAME	Teich, Ann		3 ACCOL	INT # (Ethics Commission Filers
4 TOT.	AL OF UNITEMIZED LOANS:	➡ ➡ ➡ ➡	⇒ ⇒	\$
5 Date of Ioan 8/14/2012	7 Name of lender Teich, Randal & Ann	out-of-state PAC (ID#:	)	<ul> <li>9 Loan Amount (\$)</li> <li>2,000</li> <li>10 Interest rate</li> </ul>
6 Is lender a financial Institution?	8 Lender address; City; State 9201 Quail Hill Circle Austin, TX 78758	; Zip Code		0% 11 Maturity date 11/6/2012
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instru	uctions)	
		15 Check if personal fun	ids were deposited	d into political account
14 Description of Co	17 Name of guarantor	X		19 Amount Guaranteed (\$)
none I6 GUARANTOR INFORMATION not applicable			uctions)	19 Amount Guaranteed (\$
none I6 GUARANTOR INFORMATION not applicable	17 Name of guarantor      18 Guarantor address;	State; Zip Code		19 Amount Guaranteed (\$ Loan Amount (\$)
none     If GUARANTOR     INFORMATION     not applicable     Z0 Principal Occupa     Date of loan     Is lender     a financial	17 Name of guarantor         18 Guarantor address;         City;         ation (See Instructions)	X         State;       Zip Code         21       Employer (See Instru         out-of-state PAC (ID#:)		
none     GUARANTOR     INFORMATION     not applicable     Z0 Principal Occupa     Date of loan     Is lender	17 Name of guarantor         18 Guarantor address;         City;         ation (See Instructions)         Name of lender	X         State;       Zip Code         21       Employer (See Instru         out-of-state PAC (ID#:)		
none     GUARANTOR     INFORMATION     not applicable     Date of loan     Is lender     a financial     Institution?     Y N	17 Name of guarantor         18 Guarantor address;         City;         ation (See Instructions)         Name of lender	X         State;       Zip Code         21       Employer (See Instru         out-of-state PAC (ID#:)	) 	Loan Amount (\$)
none     GUARANTOR     INFORMATION     not applicable     Date of loan     Is lender     a financial     Institution?     Y N	17 Name of guarantor         18 Guarantor address;         City;         ation (See Instructions)         Name of lender         Lender address;       City;         State         ation / Job title (See Instructions)	State; Zip Code  21 Employer (See Instru  out-of-state PAC (ID#:		Loan Amount (\$) Interest rate Maturity date
Inone I6 GUARANTOR INFORMATION In not applicable 20 Principal Occupation Date of loan Is lender a financial Institution? Y N Principal occupation Principal occupation	17 Name of guarantor         18 Guarantor address;         City;         ation (See Instructions)         Name of lender         Lender address;       City;         State         ation / Job title (See Instructions)	Image: Control of the state is a control of the state pace in the state	)	Loan Amount (\$) Interest rate Maturity date into political account
Inone I6 GUARANTOR INFORMATION In not applicable 20 Principal Occupation Date of loan Is lender a financial Institution? Y N Principal occupation Occupation On the second se	17 Name of guarantor         18 Guarantor address;         City;         ation (See Instructions)         Name of lender         Lender address;       City;         State         ation / Job title (See Instructions)	Image: State;       Zip Code         21 Employer (See Instru-         out-of-state PAC (ID#:	)	Loan Amount (\$) Interest rate Maturity date

MADE FRO	M PERSONAL FUN	DS		SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re	tract Labor ing Expense ct	a) Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to c	omplete this f	
1 Total pages Schedule G: Page 1 of 2	2 FILER NAME Teich, Ann			3 ACCOUNT # (Ethics Commission Filers)
<sup>4 Date</sup> 8/14/2012	5 Payee name Leslie A Vandivier		- 1	
Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
541.25	301 Seawind			
Reimbursement from political contributions intended	Lakeway, TX 78734-4446			
B PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Descriptio	On (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Photogra	phs for Distribution
Date	Payee name			
Various	Office Depot			
Amount (\$) 82.56	Payee address; City; Sta 2620 Anderson Ln. Austin, TX 78757	ate; Zip Code		
political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Printing Expense	o of this schedule)		on (If travel outside of Texas, complete Schedule T) n Handouts
Date	Payee name			
9/12/2012	Office Max			
Amount (\$) 8.98 Reimbursement from political contributions	Payee address; City; Sta 4625 N. Lamar Austin, TX 78756	ate; Zip Code		
intended	Category (See categories listed at the top	of this schedule)	Descriptio	ON (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Printing Expense			n Handouts
<sup>Date</sup> 9/4/2012	Payee name Rubber Stamp Co.			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
8.66	3314 S Congress Ave.			
Reimbursement from political contributions intended	Austin, TX 78704			
PURPOSE OF EXPENDITURE	Category (Recortegories listed at the top Advertising Expense	o of this schedule)	Candidat	on (Iftravel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CO			NEEDED

Austin, Texas 78711-2070

(512) 463-5800

	OM PERSONAL FUNDS		SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal ServicesSolicitation/FunFood/Beverage ExpenseTravel In DistrictPolling ExpenseTravel Out Of It	/Contract Labor draising Expense ct District d/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 G: Page 2 of 2	2 FILER NAME Teich, Ann		3 ACCOUNT # (Ethics Commission Filer
Date 8/17/2012	5 Payee name Austin Republican Women		
Amount (\$) 25.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Austin, TX		
PURPOSE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense	Speak to C	Group
Date	Payee name		
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
Date	Payee name		
	Payee address; City; State; Zip Code		
Amount (\$)			
Reimbursement from political contributions	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
Reimbursement from political contributions intended PURPOSE OF	Category (See categories listed at the top of this schedule) Payee name	Description	ר (If travel outside of Texas, complete Schedule T)
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE		Description	ר (If travel outside of Texas, complete Schedule T)
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date	Payee name	Description	ר (If travel outside of Texas, complete Schedule T)
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  Amount (\$)  Reimbursement from political contributions	Payee name		n (If travel outside of Texas, complete Schedule T)