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 /	MS / MRS / MR FIRST	MI	
OFFICEHOLDER			OFFICE USE ONLY
NAME	Mrs. Ann		Date Received
	NICKNAME LAST	SUFFIX	112 OCT 31 PM2:18:32
	Teich		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#, CITY;	STATE; ZIP CODE	to be the little
MAILING ADDRESS	9201 Quail Hill Circle		Date Hand-delivered or Postmarked
	Austin, TX 78758-6617		
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Description
OFFICEHOLDER PHONE	(512) 836 - 1054		Date Processed
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Randal	MI	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
	Teich	SUFFIX	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
ADDRESS	9201 Quail Hill Circle		
(residence or business)	Austin, TX 78758-6617		
	Austin, 17 /8/38-001/		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 836 - 1054	EXTENSION	
FHONE	312 630 1034		
A DEDORT TYPE			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD COVERED	Month 09 28 2012 THROUGH	Month 10 27	2012
	U9 20 2012 THROUGH		
11 ELECTION	ELECTION DATE ELECTION TYPE		
TI ELECTION	Month Day Year Primary		
	11 06 2012	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		AISD Bd of Trust	tees Place 3
	GOTOPAG	EF 2	
	GOTOPAG		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Teich, Ann	15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 130.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,000.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,966.30
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 5,864.47
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 2,000.00
Notary Pub My Com	T ERIK CHAVEZ Dic, State of Texas mission Expires aber 18, 2015	I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code. Signature of Candid	formation required to be reported by
AFFIX NOTARY STAM		me, by the said Ann & Teich	, this the
day	of October		
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this form.		1 Total pages Sch 1 of 2	edule A:
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
7	Date	Thomas H. Watkins		contribution (\$)	description (if applicable)
	9/28/2012			500	
	9/20/2012	6 Contributor address; City; State; Zip Code 111 Congress Ave; Ste 1400		300	
		Austin, TX 78701			
					of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions) 10 Employ	er (See II	nstructions)	
	Date	Full name of contributor		Amount of	In-kind contribution
		Timothy Tricke & Jennifer Whitten		contribution (\$)	description (if applicable)
	10/3/2012	Contributor address; City; State; Zip Code 5609 Bullard Dr		250	
		Austin, TX 78757			
		riastin, ix roror		(If travel outside of	l of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) Employe	er (See In	nstructions)	
	Date	Full name of contributor		Amount of	In-kind contribution
		TX State Teachers Assoc - PAC		contribution (\$)	description (if applicable)
	10/17/2012	Contributor address; City; State; Zip Code		500	
		316 West 12th St.			
		Austin, TX 78701			
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) Employe	er (See In	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
		Timothy Tricke & Jennifer Whitten	A 1115 A 1	contribution (\$)	description (if applicable)
	10/25/2012	Contributor address; City; State; Zip Code		250	
		5609 Bullard Dr			
		Austin, TX 78757			
		Addentify 17 70737		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) Employe	er (See II	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		David Nicastro		contribution (\$)	description (if applicable)
	10/25/2012	Contributor address; City; State; Zip Code		100	
	10/23/2012	7 Grove Court		100	
		Austin, TX 78746		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) Employe	er (See In	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 2 of 2	nedule A:
2	FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
-		Teich, Ann			
1	Date		,	7 Amount of	8 In-kind contribution
*	Date			contribution (\$)	description (if applicable)
		Glenn Scott			
	10/25/2012	6 Contributor address; City; State; Zip Code 7012 Burnell Dr.		70	
		Austin, TX 78723		Listella	Last the second second
				(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#.)	Amount of	In-kind contribution
		Steven Rivas		contribution (\$)	description (if applicable)
	10/12/2012			1200	Website Design,
	10/12/2012	Contributor address; City; State; Zip Code			
		111 Congress, Ste. 400			Hosting, & Maint.
		Austin, TX 78701			with Email Svcs
					of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
		Contributor address, City, State, Zip Code			1
				Of taxaal autoida	f Town
	Principal accur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Fillicipal occup	valion / Job title (See instructions)	Employer (See I	ristructions)	
	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			
	Dringing coour	nation / Joh title (Con Instructions)	Employee (Co.)		of Texas, complete Schedule T)
	Fillicipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	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			
	Daine single				of Texas, complete Schedule T)
	Principal occup	aation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

8	O	A	B. E	0
- 8		44	I/U	-

SCHEDULE E

			1 Total pa	ages Schedule E:
The	Instruction Guide explains how to comp	lete this form.	10	
2 FILER NAME	Teich, Ann		3 ACCOL	JNT # (Ethics Commission Filers)
TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
8/14/2012	Teich, Randal & Ann			2,000
Is lender a financial Institution?	8 Lender address; City; State; 9201 Quail Hill Circle	Zip Code		10 Interest rate 0% 11 Maturity date
XX N	Austin, TX 78758			11/6/2012
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instruction	ions)	
14 Description of Col	ateral	15 Check if personal funds	were deposited	d into political account
none				
16 GUARANTOR	17 Name of guarantor			19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructi	ons)	
6 GUARANTOR INFORMATION	18 Guarantor address; City;			Loan Amount (\$)
not applicable not applicable Principal Occupat Date of loan Is lender a financial	18 Guarantor address; City; ion (See Instructions)	21 Employer (See Instructi		
Date of loan GUARANTOR INFORMATION	18 Guarantor address; City; ion (See Instructions)	21 Employer (See Instructi		Loan Amount (\$)
Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; ion (See Instructions)	21 Employer (See Instructi		Loan Amount (\$) Interest rate
Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; ion (See Instructions) Name of lender Lender address; City; State; on / Job title (See Instructions)	21 Employer (See Instructi out-of-state PAC (ID#:	ons)	Loan Amount (\$) Interest rate Maturity date
6 GUARANTOR INFORMATION Information not applicable 20 Principal Occupate Date of loan Is lender a financial Institution? Y N Principal occupate Description of Coll	18 Guarantor address; City; ion (See Instructions) Name of lender Lender address; City; State; on / Job title (See Instructions)	21 Employer (See Instruction out-of-state PAC (ID#:	ons)	Loan Amount (\$) Interest rate Maturity date
Date of loan Is lender a financial Institution? Y N Principal occupation Description of Colling none GUARANTOR	18 Guarantor address; City; ion (See Instructions) Name of lender Lender address; City; State; on / Job title (See Instructions) ateral Name of guarantor	21 Employer (See Instruction out-of-state PAC (ID#:	ons)	Loan Amount (\$) Interest rate Maturity date

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In I Polling Expense Travel Out	ages/Contract Labor /Fundraising Expense District Of District rhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above)
Total pages Schedule F: Page 1 of 2	2 FILER NAME Teich, Ann		3 ACCOUNT # (Ethics Commission File)
Date	5 Payee name		
10/2/2012	Worley Printing		
Amount (\$)	7 Payee address; City; State; Zip Co	ode	
559.96	3217 IH 35 N Austin, TX 78722		
PURPOSE	(a) Category (See categories listed at the top of this schedu	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printing	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Payee name		
10/25/2	012 Worley Printing		
Amount (\$)	Payee address; City; State; Zip Co	ode	Andrew Transport
965.39	3217 IH 35 N		
	Austin, TX 78722		
PURPOSE	Category (See categories listed at the top of this schedul	e) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printing	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	office held
Date	Payee name		
10/25/2012	La Voz		
Amount (\$)	Payee address; City; State; Zip Co	ode	
325.00	P.O. Box 19457		
	Austin, TX 78760		
PURPOSE	Category (See categories listed at the top of this schedul	e) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Newspaper	r Advertisement
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Payee name		
10/26/2012	Ann Teich		
Amount (\$)	Payee address; City; State; Zip Co	ode	
665.95	9201 Quail Hill Cir.		
PURPOSE	Austin, TX 78758 Category (See categories listed at the top of this schedul	e) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	OTHER- Schedule G Reimbursement		ed. G expenses-Prev rpt
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sough	

POLITICAL EXPENDITURES

SCHEDULE F

Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District	raising Expense 7	Topographetics Ferrison t C D-1-1-1 F
Fees	Polling Expense Travel Out Of Dis	strict	Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Printing Expense Office Overhead/ The Instruction Guide explains how to		OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME	oomplete ting form	3 ACCOUNT # (Ethics Commission Filers
Page 2 of 2	Teich, Ann		
1 Date	5 Payee name		
10/12/2012	Steven Rivas		
	7 Payee address; City; State; Zip Code		
1,200.00	111 Congress, Ste. 400		
(in-kind)	Austin, TX 78701	,	
B PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	f travel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting Expense	Website De	esign, Hosting,
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	and Waiting int	vith Email Svcs Office held
Date	Payee name		
10/26/2012	Central Austin Democrats		
Amount (\$)	Payee address; City; State; Zip Code		
250.00	2024 Simond Ave, Unit B Austin, TX 78723		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Print & Distri	ibute Campaign Material
Complete ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held