ACCOUNT #		2 Total pages filed:	11	OFFIC	E USE ONLY
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs.	FIRST Ann	MI 	Date Received	18 pm12:50:3
ORIGINAL REPORT TYPE	January 15 July 15 X 30th day before election 8th day before election	Runoff C Exceeded \$500 limit – In 15th day after treasurer appointment (officeholder only)	Other (specify)	Date Hand-delivered	
5 ORIGINAL PERIOD COVERED	Month Day 07/24/2	Year Month 2012 THROUGH 09	Day Year 27 2012	Date Processed	
7 AFFIDAVIT		report date to 09/27/2012. e F (2 pages) omitted in error I swear, or affirm, under pe		that this correc	cted
7 AFFIDAVIT		e F (2 pages) omitted in error I swear, or affirm, under per report is true and correct.	nalty of perjury,	that this correc	cted
7 AFFIDAVIT		e F (2 pages) omitted in error I swear, or affirm, under per report is true and correct. Check ONLY if applicable: Semiannual reports: Th semiannual report due or ment/correction is filed or report was filed, I swear, o	nalty of perjury, is report is an a n or after Sept n or after the ei or affirm, that the	amendment/co ember 1, 201 ghth day after e original repor	rrection to a 1. If amend- the original rt was made
SARAH I Notary Pul My Com		e F (2 pages) omitted in error I swear, or affirm, under per report is true and correct. Check ONLY if applicable: Semiannual reports: Th semiannual report due or ment/correction is filed or	is report is an a n or after Sept n or after the ei or affirm, that the n intent to misi- ne report. og semiannual ear, or affirm, tha 4th business da filed is inaccura	amendment/co ember 1, 201 ghth day after e original repor ead or to misre reports due at I am filing thi ay after the da ate or incomple	rrection to a 1. If amend- the original rt was made epresent the on or after is corrected te I learned ete. I swear,
SARAH I Notary Pul My Com Decer	Include schedule	e F (2 pages) omitted in error I swear, or affirm, under pereport is true and correct. Check ONLY if applicable: Semiannual reports: The semiannual report due or ment/correction is filed or report was filed, I swear, or in good faith and without a information contained in the Other reports (excluding September 1, 2011): I swear report not later than the 14 that the report as originally or affirm, that any error or was made in good faith.	is report is an a n or after Sept n or after the ei or affirm, that the n intent to misi- ne report. og semiannual ear, or affirm, tha 4th business da filed is inaccura	amendment/co ember 1, 201 ghth day after e original repor ead or to misre reports due at I am filing thi ay after the da ate or incomple e report as ori	rrection to a 1. If amend- the original rt was made epresent the on or after is corrected te I learned ete. I swear, iginally filed
AFFIX NOTARY ST Sworn to and subscrit	Include schedule	I swear, or affirm, under per report is true and correct. Check ONLY if applicable: Semiannual reports: The semiannual report due or ment/correction is filed or report was filed, I swear, or in good faith and without a information contained in the Other reports (excludin September 1, 2011): I swear report not later than the 1 that the report as originally or affirm, that any error or was made in good faith.	is report is an a nor after Sept or after the ei or after the ei or affirm, that the an intent to misi- ne report. In g semiannual ear, or affirm, tha 4th business da filed is inaccura omission in the function of the second of the second of the second of the second of	amendment/co ember 1, 201 ghth day after e original repor ead or to misre reports due at I am filing thi ay after the da ate or incomple e report as ori	rrection to a 1. If amend- the original rt was made epresent the on or after is corrected te I learned ete. I swear, iginally filed
AFFIX NOTARY ST Sworn to and subscrit	Include schedule	I swear, or affirm, under per report is true and correct. Check ONLY if applicable: Semiannual reports: The semiannual report due or ment/correction is filed or report was filed, I swear, or in good faith and without a information contained in the Other reports (excludin September 1, 2011): I swear report not later than the 1 that the report as originally or affirm, that any error or was made in good faith.	is report is an a n or after Sept n or after the ei or affirm, that the an intent to misi- ne report. In g semiannual ear, or affirm, that th business da filed is inaccura o omission in the filed is inaccura o omission in the filed is inaccura	amendment/co ember 1, 201 ghth day after e original repor ead or to misre reports due at I am filing thi ay after the da ate or incomple e report as ori	rrection to a 1. If amend- the original rt was made epresent the on or after is corrected te I learned ete. I swear, iginally filed

CAMPAIG	N FINANCE REPORT		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	
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
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 836 - 1054	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Randal	Mi	Date Imaged
NAME	NICKNAME LAST Teich	SUFFIX	1)
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
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 836 - 1054	EXTENSION	
REPORT TYPE	January 15 30th day before election	Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month 07 24 Year THROUGH	Month 09 27 Day	2012
11 ELECTION	Month Day Year ELECTION DATE ELECTION TYPE	Runoff X	General Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
			tees Place 3

www.ethics.state.tx.us

Texas Ethics Commission

Austin Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

SUPPORT	& TOTAL	S	Cov	ER SHEET PG 2
14 C/OH NAME	Teich, Ann	15	ACCOUN	T # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE I HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFF	FICEHOLDER'S KNOWLEDGE OR
		COMMITTEE NAME	2 gan	
	SPECIFIC	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	\$	375.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,800.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$	100.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	2,969.23
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT	\$	6,830.77
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	≡ \$	2,000.00
18 AFFIDAVIT	RAH BETH BLACKWEI y Public, State of Te	I swear, or affirm, under penalty of points true and correct and includes all in me under Title 15, Election Code.	formation	

	1		1	
	1	4	1	11
6	Here	1-	Le	1a

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, day_of	by the said <u>AMMTEICH</u> , 20 <u>12</u> , to certify which, witness my	, this the , hand and seal of office.
	Scerah Ricellevell	0:03 AM
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

/

158.77.48.98.7988.92

Revised 09/28/2011

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages School	
FIL	ER NAME			3 ACCOUNT # (E	thics Commission Filers)
		Teich, Ann			
Da	to	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
₽ Da		Lucius & Lynn Bunton		contribution (\$)	description (if applicable)
8/8	8/2012	6 Contributor address; City; State; Zip Code 6005 Mountain Villa Dr.		100	
		Austin, TX 78731			
					of Texas, complete Schedule T)
Pri	ncipal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Da	te	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
		Cindy Wallingford		contribution (\$)	description (if applicable
8/:	10/2012	Contributor address; City; State; Zip Code		100	
		406 Hazeltine			
		Austin, TX 78734			
Dri	ncinal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	noipai occup		Employer (eee r	non donono)	
Da	ate	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	
0,	10/2012	9201 Quail Hill Circle		500	
		Austin, TX 78758			1
		Austin, 1X 78756		(If travel outside	of Texas, complete Schedule T)
Pri	incipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				Amount of	In-kind contribution
Da	ate	Full name of contributor out-of-state PAC (ID#)	contribution (\$)	description (if applicable
~ /	10/00/0	James M. Hicks/Julie Nelson		100	
8/3	13/2012	Contributor address; City; State; Zip Code		100	
		9536 Ketona Cv			
		Austin, TX 78759		(If travel outside	of Texas, complete Schedule T)
Pri	incipal occup	pation / Job title (See Instructions)	Employer (See I	the second se	or rexas, complete Schedule T)
					T
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
		Sally M. Watkins			description (il applicable
8/	14/2012	Contributor address; City; State; Zip Code	• • • • • • • • • • •	250	
		2500-D Quarry Road			
		Austin, TX 78703			
					of Texas, complete Schedule T)
Pri	incipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		ATTACH ADDITIONAL COPIES O			
	lf c	contributor is out-of-state PAC, please see instru	uction guide forado	litional reporting	requirements.

www.ethics.state.tx.us

Revised 09/28/2011

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	the how to complete this	form	1 Total pages Sche	dule A:
The	Instruction Guide explains how to complete this	ionii.	2 of 3	
2 FILER NAME			3 ACCOUNT # (Eti	nics Commission Filers)
	Taich App	1 ~		
	Teich, Ann	X	7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
	Tom & Robbie Ausley		100	
8/14/2012	6 Contributor address; City; State; Zip Code 3707 Laurelledge Ln.		100	
	Austin, TX 78731		(If travel outside c	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
		T		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution description (if applicable)
	Robert & Nancy Leeper		contribution (\$)	description (in applicable)
8/20/2012	Contributor address; City; State; Zip Code 6613 Toolwrich Ln.		100	
	Austin, TX 78739		Sec. 1	
				of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
- 1			500	
8/20/2012	Contributor address; City; State; Zip Code 8229 Summer Side Dr.			
	Austin, TX 78759		(If travel outside	of Texas, complete Schedule T)
		Employer (See		or roxus, complete company,
Principal occ	upation / Job title (See Instructions)	Employer (eee	metraeae,	
	Full name of contributor out-of-state PAC (ID#.)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable
	Jimmie Sue & Richard Francis		100	
8/20/2012	Contributor address; City; State; Zip Code	e	100	1
	1705 Spyglass Dr. Apt. 4			1
	Austin, TX 78746		ar i subsida	of Taylog complete Schedule T)
		Employer (See		of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (occ	monuolionoy	A (4)
	1		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#		contribution (\$)	i ne le
	Rebecca Yohe			
8/27/2012	Contributor address; City; State; Zip Cod	e	100	
0/2//2012	1806 Niles Rd.			
	Austin, TX 78703			
	Austin, TX 70705			e of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	e Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	
	f contributor is out-of-state PAC, please see ins	struction guide fora	dditional reportin	g requirements.
1				

www.ethics.state.tx.us

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 3 of 3	edule A:
2	FILER NAME				thics Commission Filers)
-		Trick Arrow			
		Teich, Ann			1
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		Louis & Elizabeth Malfaro			
<u>s</u> .	8/27/2012	6 Contributor address; City; State; Zip Code 1610 E. 11th St.		100	
		Austin, TX 78702			
				(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
	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 8100 Marble Ridge		100	
		Austin, TX 78747			
-					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)
		Glenn & Deborah Johnson			
	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	Contraction of the second s	contribution (\$)	description (if applicable)
	0/0/2012			100	
12	9/6/2012	Contributor address; City; State; Zip Code		100	
		5005 Westview Dr.			
		Austin, TX 78731			
	Bringingl occur	pation / Job title (See Instructions)	Employer (See I	the second se	of Texas, complete Schedule T)
	Filicipal occu		Employer (See		
-				A	to the state of the state of
	Date	Full name of contributor out-of-state PAC (ID#) .	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Education Austin PAC			
	9/6/2012	Contributor address; City; State; Zip Code		5000	
		316 West 12th St. Ste 202			
		Austin, TX 78701			
	-			(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
-	lf o	contributor is out-of-state PAC, please see instru			requirements.
-					

www.ethics.state.tx.us

Revised 09/28/2011

Austin, Texas 78711-2070

(512) 463-5800

The	Instruction Guide explains how to con	plete this form.	1 Total page 1 of 1	es Schedule E: L
FILER NAME	Teich, Ann		3 ACCOUN	T # (Ethics Commission Filers
TOTA	AL OF UNITEMIZED LOANS:		\$	\$
Date of Ioan 8/14/2012	7 Name of lender Teich, Randal & Ann	out-of-state PAC (ID#:)	9 Loan Amount (\$) 2,000
s lender a financial Institution?	8 Lender address; City; State;			10 Interest rate 0%
XX N	9201 Quail Hill Circle Austin, TX 78758			11 Maturity date 11/6/2012
2 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)		
4 Description of Co	liateral	15 Check if personal funds were	deposited in	nto political account
	17 Name of guarantor		1	9 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City; tion (See Instructions)	State; Zip Code		9 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION	18 Guarantor address; City;	State; Zip Code		9 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION not applicable 0 Principal Occupa Date of loan Is lender a financial	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)		
6 GUARANTOR INFORMATION not applicable 0 Principal Occupa Date of loan Is lender	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#:		Loan Amount (\$)
6 GUARANTOR INFORMATION not applicable 0 Principal Occupa Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#:		Loan Amount (\$) Interest rate
6 GUARANTOR INFORMATION not applicable 0 Principal Occupa Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State; tion / Job title (See Instructions)	State; Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#:	· · · · · ·	Loan Amount (\$) Interest rate Maturity date
6 GUARANTOR INFORMATION	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; State; tion / Job title (See Instructions)	State; Zip Code 21 Employer (See Instructions) Out-of-state PAC (ID#:	· · · · · ·	Loan Amount (\$) Interest rate Maturity date
6 GUARANTOR INFORMATION not applicable 0 Principal Occupa Date of loan Is lender a financial Institution? Y N Principal occupat Description of Col none GUARANTOR	18 Guarantor address; City; tion (See Instructions) Itender Name of lender Itender address; Lender address; City; State; Itender address; ion / Job title (See Instructions) Iteral Name of guarantor Itender address;	State; Zip Code 21 Employer (See Instructions) out-of-state PAC (ID#:	· · · · · ·	Loan Amount (\$) Interest rate Maturity date

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials ExpenseSalaries/Wages/Legal ServicesSolicitation/FundFood/Beverage ExpenseTravel In DistrictPolling ExpenseTravel Out Of D	Contract Labor Lo raising Expense Tr t Co istrict /Rental Expense O	ban Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
Total pages Schedule F: Page 1 of 2	2 FILER NAME Teich, Ann		3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name		
8/15/2012	Kelley Toombs		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,980.00	11315 D K Ranch Rd Austin, TX 78759		
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Graphic Desig	gn
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
8/20/2012	North Austin Civic Assoc.		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	P.O. Box 180803 Austin, TX 78718-0803		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)
OF	Advertising Expense		dvertisement
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/24/2012 Amount (\$)	Worley Printing Payee address; City; State; Zip Code		
239.23	3217 IH 35 N		
	Austin, TX 78722		
PURPOSE OF	Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense	Printing	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
8/24/2012	La Voz		
Amount (\$)	Payee address; City; State; Zip Code		
325.00	P.O. Box 19457		
	Austin, TX 78760		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Newspaper A	dvertisement

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

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

MADE FRC	M PERSONAL FUNDS		SCHEDULE G
	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di	aising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead	Rental Expense	OTHER (enter a category not listed above)
Total pages Schedule G: Page 1 of 2	2 FILER NAME Teich, Ann		3 ACCOUNT # (Ethics Commission Filer:
Date 8/14/2012	5 Payee name Leslie A Vandivier		
Amount (\$)	7 Payee address; City; State; Zip Code		
541.25	301 Seawind		
Reimbursement from political contributions intended	Lakeway, TX 78734-4446		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expense	Photograp	ohs for Distribution
Date	Payee name		
Various	Office Depot		
Amount (\$) 82.56	Payee address; City; State; Zip Code 2620 Anderson Ln.		
Reimbursement from political contributions intended	Austin, TX 78757		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		n (If travel outside of Texas, complete Schedule T) Handouts
Date	Payee name		
9/12/2012	Office Max		
Amount (\$) 8.98	Payee address; City; State; Zip Code 4625 N. Lamar		
Reimbursement from political contributions intended	Austin, TX 78756		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Campaign	Handouts
^{Date} 9/4/2012	Payee name Rubber Stamp Co.		
Amount (\$)	Payee address; City; State; Zip Code		
8.66	3314 S Congress Ave.		
Reimbursement from political contributions intended	Austin, TX 78704		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Candidate	Name Badge

Austin, Texas 78711-2070

MADE FRO	OM PERSONAL FUNDS		SCHEDULE G
	EXPENDITURE CATEGOR	ES FOR BOX 8/2	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	es/Contract Labor ndraising Expense rict District ad/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
^{1 Date} 8/17/2012	5 Payee name Austin Republican Women		
Amount (\$)	7 Payee address; City; State; Zip Code		
25.00 Reimbursement from political contributions intended	Austin, TX		
B PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	1 (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense	Speak to G	Group
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
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		
Amount (\$) Reimbursement from political contributions intended	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)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)