

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5547

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. <div style="text-align: center; font-size: 2em;">4</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="checkbox"/> MR FIRST ALLEN MI P NICKNAME (ANDY) LAST ANDERSON SUFFIX JR | OFFICE USE ONLY Date Received: 2004 JAN 15 PM 2:30 COUNTY: TRAVIS COUNTY TEXAS CLERK: BERK RECEIVED RECORD | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX. APT / SUITE # CITY STATE ZIP CODE 4201 TULE COVE AUSTIN TEXAS 78749 | Date Hand-delivered or Date Postmarked | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 282-5945 | Receiver # Amount | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="checkbox"/> MR FIRST DEBBIE MI NICKNAME LAST SUFFIX ARBUCKLE | Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE 4201 TULE COVE AUSTIN TEXAS 78749 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 282-5945 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January '05 <input 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 '05 <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 Day Year THROUGH Month Day Year 12 / 31 / 03 1 / 15 / 04 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 9 / 04 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) TRAVIS COUNTY CONSTABLE Pct 3 | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt / Suite # City, State Zip Code | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

| | |
|---|--|
| 15 C/OH NAME ALLEN P (ANDY) ANDERSON JR | 16 ACCOUNT # (Ethics Commission files) |
|---|--|


| | | |
|---------------------------------------|--|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | ** This box is for notice of political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

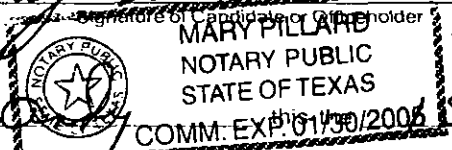
| | | |
|-------------------------|---|---|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ - |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ - |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 15 ⁰⁰ / ₁₀₀ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,015 ⁰⁰ / ₁₀₀ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ - |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

19 AFFIDAVIT

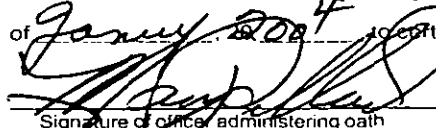
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Anderson to certify which, witness my hand and seal of office, this 20th day of January 2008.


MARY P. PILLARD
Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 1 |
| 2 FILER NAME ALLEN P. (ANDY) ANDERSON JR. | | 3 ACCOUNT # (Ethics Commission Files) |
| 4 Date 12/31/03 | 5 Payee name TRAVIS COUNTY REPUBLICAN PARTY | 7 Amount (\$) 1,000.⁰⁰ |
| 6 Payee address: City: State: Zip Code 7801 NORTH LAMAR BLVD AUSTIN TX. 78751 STE B123 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) FILING FEE | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: ANDY ANDERSON Office sought: CONSTABLE Office held: TRAVIS COUNTY PETS 3 | |
| Date 1/3/04 | Payee name EYEONDOMAIN.COM | Amount (\$) 15.⁰⁰ |
| Payee address: City: State: Zip Code 31381 AVE I BIG PINES FLORIDA 33043 | | |
| Purpose of payment (See instructions regarding type of information required.) WEB SIGHT DOMAIN | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: ANDY ANDERSON Office sought: CONSTABLE Office held: TRAVIS COUNTY PETS 3 | |
| Date | Payee name | Amount (\$) |
| | Payee address: City: State: Zip Code | |
| Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete 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 payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME
ALLEN P (ANDY) ANDERSON JR

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/31/03

5 Payee name
TRAVIS COUNTY REPUBLICAN PARTY

8 Amount (\$)
4,000⁰⁰/

6 Payee address: City: State: Zip Code
7801 NORTH LAMAR BLVD ST A123
AUSTIN TX 78751

7 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN FILING FEE

Reimbursement from political contributions intended

Date
1/3/04

Payee name
EYEDNDOMAIN.COM

Amount (\$)
15⁰⁰/

Payee address: City: State: Zip Code
31381 AVE I, PLEASANT FLORIDA 33043

Purpose of expenditure (See instructions regarding type of information required.)
WEB SITE DOMAIN

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED