

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5604

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:

5

3 **CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR

MR

FIRST

ALLEN

MI

P

NICKNAME

ANDY

LAST

ANDERSON

SUFFIX

OFFICE USE ONLY

Date Received

2004 FEB -9 AM 10:13
CLERK
TRAVIS COUNTY TEXAS
RECORD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

4201

APT / SUITE #:

TULE COVE

CITY:

AUSTIN TX

STATE:

ZIP CODE

78749

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(512)

PHONE NUMBER

282-5945

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MS

FIRST

DEBBIE

MI

NICKNAME

ARBUCKLE

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

4201 TULE COVE

APT / SUITE #:

CITY:

AUSTIN TX

STATE:

ZIP CODE

78749

8 CAMPAIGN TREASURER PHONE

AREA CODE

(512)

PHONE NUMBER

282-5945

EXTENSION

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 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

1 / 16 / 04

THROUGH

Month Day Year

2 / 8 / 04

11 ELECTION

ELECTION DATE

Month Day Year

3 / 9 / 04

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CONSTABLE PCT 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- 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

additional pages

GO TO PAGE 2

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

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME ALLEN P. (ANDY) ANDERSON 16 ACCOUNT # (Ethics Commission Use)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,930.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,584.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,950.00
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.

Allen (Andy) Anderson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Allen Peacock Anderson this the 9th day of February, 2004, to certify which, witness my hand and seal of office.

Laura Gonzales
Signature of officer administering oath

Laura Gonzales
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: 1

2 FILER NAME ALLEN (ANDY) ANDERSON 3 ACCOUNT # (Ethics Commission files)

4 Date <u>1/30/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>JOAN J. ANDERSON</u>	7 Amount of contribution (\$) <u>\$1,000.⁰⁰/₁₀₀</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>330 REDWOOD SAN ANTONIO TX 78209</u>			

9 Principal occupation / Job title (See Instructions) RETIRED NURSE 10 Employer (See Instructions) N/A

Date <u>1/30/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>JOHN + MRS DELORES M BANKS</u>	Amount of contribution (\$) <u>\$150.⁰⁰/₁₀₀</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3306 TREADSOAT COVE AUSTIN TX 78748</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>1/30/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Mrs + Mrs BOB M BROWN</u>	Amount of contribution (\$) <u>\$580.⁰⁰/₁₀₀</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2405 STONE RIVER DR AUSTIN TX 78748</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>1/30/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>LOWE STAN DAMAGE APPRAISALS</u>	Amount of contribution (\$) <u>\$100.⁰⁰/₁₀₀</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 160 MAVONACA TX 78652</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>1/30/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>IRWIN COCH</u>	Amount of contribution (\$) <u>\$100.⁰⁰/₁₀₀</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7002 ABELENE TR AUSTIN TX 78749</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/16/04	5 Payee name BANNER SIGN GRAPHICS	7 Amount (\$) \$1159.62
6 Payee address: City: State: Zip Code 630 CANYON STREET AUSTIN TX 78952		
8 Purpose of payment (See instructions regarding type of information required.) 25 4'x8' & 100 YARD SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/16/04	Payee name COPY MAX	Amount (\$) \$84.28
Payee address: City: State: Zip Code 5400 BRODIE LANE AUSTIN TX 78745		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN BUSINESS CARDS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/19/04	Payee name HOME DEPOT	Amount (\$) \$214.00
Payee address: City: State: Zip Code 1200 HOME DEPOT BLVD SUNSET VALLEY TX 78745		
Purpose of payment (See instructions regarding type of information required.) SIGN MATERIELS, FRAME BOARDS, GLUE, NAILS, T-POSTS, GLUE GUN		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/21/04	Payee name COPY MAX	Amount (\$) \$126.87
Payee address: City: State: Zip Code 5400 BRODIE LN AUSTIN TX 78745		
Purpose of payment (See instructions regarding type of information required.) 1,000 WINDOW DECALS, STAPLER, STAPLES,		** 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: <u>1</u>
2 FILER NAME ALLEN (ANDY) ANDERSON		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/16/04	5 Payee name BANNER SIGN GRAPHICS	8 Amount (\$) \$1,159.62
6 Payee address: City: State: Zip Code 630 CANYON STREET AUSTIN TX 78752		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS 25 4'x8' BANNERS AND 100 YARD SIGNS		
Date 1/16/04	Payee name COPY MAX	Amount (\$) \$84.23/kx
Payee address: City: State: Zip Code 5400 BADDIE LN AUSTIN TX 78745		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN BUSINESS CARDS		
Date 1/19/04	Payee name HOME DEPOT	Amount (\$) \$214.00
Payee address: City: State: Zip Code 1200 HOME DEPOT LN AUSTIN TX SUNSET VALLEY 78745		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) SIGN MATERIALS - FRAME BORDS, NAILS, GLUE, T-POSTS GLUE GUN		
Date 1/21/04	Payee name COPY MAX	Amount (\$) 126.80
Payee address: City: State: Zip Code 5400 BADDIE LN AUSTIN TX 78745		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) 1,000 WINDOW DECALS, STAPLE GUN, STAPLES		
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

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