

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5675

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *MR* FIRST *ALLEN* MI *P*
NICKNAME LAST SUFFIX
ANDY *ANDERSON*

OFFICE USE ONLY

Date Received

2004 MAR 1 PM 2:28
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS
ELECTION RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
4201 TULE COVE AUSTIN TX 78749

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 282-5945

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *MS* FIRST *DEBBIE* MI
NICKNAME LAST SUFFIX
ARBUCKLE

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE
4201 TULE COVE AUSTIN TX 78749

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 282-5945

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 THROUGH Month Day Year
2 / 10 / 04 3 / 1 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
4 / 9 / 04

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CONSTABLE PCT 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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 (ANDY) ANDERSON

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 <input type="checkbox"/> 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 \$ ~~0~~

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$

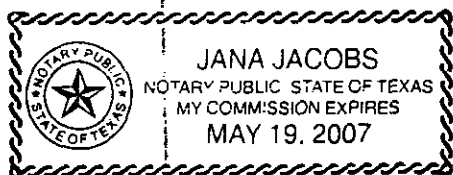
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,150.00

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 Anderson this the 1st day of March 2004 to certify which, witness my hand and seal of office.

Jana Jacobs
Signature of officer administering oath

Jana Jacobs
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: <u>1</u>	
2 FILER NAME <u>ALLEN (ANDY) ANDERSON</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>2/2/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>H. L. ANDERSON</u>	7 Amount of contribution (\$) <u>\$ 100⁰⁰ /</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2019 ENCINO VISTA SAN ANTONIO, TEXAS 78259</u>			
9 Principal occupation / Job title (See Instructions) <u>TECHNITION</u>		10 Employer (See Instructions) <u>S.W.B.</u>	
Date <u>2/11/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>W+K SHELTON</u>	Amount of contribution (\$) <u>\$ 100⁰⁰ /</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 90845 AUSTIN TX 78709</u>			
Principal occupation / Job title (See Instructions) <u>TILE CONTRACTOR</u>		Employer (See Instructions) <u>SELF</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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.