Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5701

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: 9

OFFICE USE ONLY

Date Received

Date Hand Delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: ALLEN | MI: P

NICKNAME: ANDY | LAST: ANDERSON | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 282-5945 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: DEBBIE | MI

NICKNAME | LAST: ARBUCKLE | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 4201 TULE COVE | APT / SUITE #: | CITY: AUSTIN | STATE: TX | 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: 3 / 1 / 04 THROUGH Month Day Year: 4 / 4 / 04

11 ELECTION

ELECTION DATE Month Day Year: 4 / 13 / 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: ALLEN (ANDY) ANDERSON

16 ACCOUNT # (Ethics Commission filers)

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

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	$ 494.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2304.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,756.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,755.48
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.

Andy Anderson
Signature of Candidate or Officeholder

VERONICA RUBIO
Notary Public, State of Texas
My Commission Expires
JANUARY 8, 2008

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Anderson, *this the* 5 *day of* April, 20 07, *to certify which, witness my hand and seal of office.*

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Veronica Rubio	Notary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1 of 4

2 FILER NAME: ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/10/04	DON DOYLE 12510 CRYSTAL CREEK DR BUDA TX 78610	50.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
POLICE OFFICER	CITY OF AUSTIN

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/23/04	DELL SHAW #5 CURLY MESQUITE COVE AUSTIN TEXAS 78704	$250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUISNESS OWNER	Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/18/04	SAM HAMMETT 17800 DEER CREEK SKYVIEW DRIPPING SPRINGS TX	100.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	DAMON J MILLER 8709 SOUTHVIEW Rd AUSTIN TX 78737	$235.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
DEPUTY	TRAVIS COUNTY

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26/04	CAROLYN S SCHILTHUIS 41 SUNDOWN PKWY AUSTIN TEXAS 78746	$500.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2 of 4

2 FILER NAME: ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/28/04	MATTHEW + MISTY CATE 4638 MATHER KYLE TX 78640	$35.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	BOB BROWN 2405 STONE RIVER DR AUSTIN TX 78745	$70.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
DEPUTY	TRAVIS COUNTY

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	PHILIP FARRIS 1170 FISCHER STONE RD WIMBERLEY TX 78676	100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HUNTING GUIDE	Self

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	DAVID JARRELL 300 TURLEY DRIVE MANCHACA TX 78652	$25.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
POLICE OFFICER	CITY OF AUSTIN

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	COURTNEY SCHMIDT 135 MEADOWLARK LANE KYLE TX	$35.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CLERK	TRAVIS COUNTY

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3 of 4

2 FILER NAME: ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/28/04	JOHN & DORIS BANKS 3306 TREASURE COVE AUSTIN TX 78748	50.00	

9 Principal occupation / Job title (See Instructions): UNKN

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	JUDY McCOWN 19962 FIESTA SHORES SPICEWOOD TX 78669	50.00	

Principal occupation / Job title (See Instructions): CLERK

Employer (See Instructions): TRAVIS COUNTY

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	RICHARD GARRETT 650 SOUTHERN Dr BUDA TX	50.00	

Principal occupation / Job title (See Instructions): UNKN

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	BILL & JUDY SCHLUETER PO BOX 635 DRIPPING SPRINGS TX 78620	$ 50.00	

Principal occupation / Job title (See Instructions): DEPUTY

Employer (See Instructions): TRAVIS COUNTY

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/28/04	NEIL NEYENS 715 E 8TH ST AUSTIN TX 78701	$ 35.00	

Principal occupation / Job title (See Instructions): POLICE OFFICER

Employer (See Instructions): CITY OF AUSTIN

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4 of 4

2 FILER NAME: ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/25/04	CRAIG HOWARD 700 HOLLY COURT PFLUGERVILLE TX 78660	$50.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
POLICE OFFICER	CITY OF AUSTIN

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/29/04	JOHN ROBERT STRATTON PO BOX 2232 AUSTIN TX 78768	100.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/29/04	CINDY TRAUTMANN 2102 STONE RIVER DR AUSTIN TX 78745	$25.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/20/04	STACEY SUITS 7807 DONCASTER AUSTIN TX 78745		RUNNOFF SIGNS (50)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 2

2 FILER NAME: ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/3/04	ABBEY PRINTING 1310 So LAMAR BLVD AUSTIN TX 78704	$334.00

8 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
PUSH CARDS	ANDY ANDERSON		CONSTABLE

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/5/04	AUSTIN AMERICAN STATESMAN 305 So CONGRESS AUSTIN TX 78704	$327.50

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
NEWSPAPER DIRECT MAIL OF PUSH CARDS	ANDY ANDERSON		CONSTABLE

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/19/04	ABBEY PRINTING 1310 So LAMAR AUSTIN TX 78704	$346.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
PUSH CARDS FOR RUNNOFF	ANDY ANDERSON		CONSTABLE

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/04	OFFICE MAX 5400 BRODIE LANE AUSTIN TX 78745	76.66

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
PRINTER CARTRIDGES	ANDY ANDERSON		CONSTABLE

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 2

2 FILER NAME: ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/20/04	HOME DEPOT 1200 HOME DEPOT BLVD AUSTIN TX 78745	$ 38.82

8 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
SIGN STAKES	ANDY ANDERSON	CONSTABLE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/27	BOB BROWN 2405 Stone River Dr AUSTIN TX 78745	$ 50.37

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
SIGN MATERIALS STAKES / 2x2 FRAME + LIQUID NAILS	ANDY ANDERSON	CONSTABLE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/28/04	FIRE HALL KITCHEN & CATERING 1310 FM 1626 / PO BOX 597 MANCHACA TX	$ 424.00

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
CATFISH DINNER FUNDRAISER	ANDY ANDERSON	CONSTABLE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/26/04	BANNER SIGNS 630 CANYON DR AUSTIN 78752	1159.62

Purpose of payment (See instructions regarding type of information required.)	Candidate / Officeholder name	Office sought	Office held
CAMPAIGN SIGNS 4X8 + YARD SIGNS	ANDY ANDERSON	CONSTABLE	

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:

2 FILER NAME ALLEN (ANDY) ANDERSON

3 ACCOUNT # (Ethics Commission filers).

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
3/26/04	BANNER SIGNS 630 CANION ST AUSTIN TX 78752	25 4'x8' SIGNS & 100 YARD SIGNS	1159.64	☒
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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