

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

UNIT 11458

|  |   |   |                           |  |
|--|---|---|---------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:<br>6 |  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR Mrs.      FIRST Ann      MI<br>NICKNAME      LAST Teich      SUFFIX   | <b>OFFICE USE ONLY</b>  |                           |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9201 Quail Hill Circle<br>Austin, TX 78758-6617<br><input type="checkbox"/> Change of Address   |   |                           | Date Received                          |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br>( 512 ) 836 - 1054  |   |                           | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR Mr.      FIRST Randal      MI<br>NICKNAME      LAST Teich      SUFFIX   | Receipt #   | Amount \$                 |  |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>9201 Quail Hill Circle<br>Austin, TX 78758-6617<br>(Residence or Business)   |   |                           |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>( 512 ) 836 - 1054  |   |                           |  |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <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      Month Day Year<br>07 / 01 / 2016      THROUGH      12 / 31 / 2016   |   |                           |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                           |  |
| 12 OFFICE  | OFFICE HELD (if any)<br>AISD Bd of Trustees Place 3   | 13 OFFICE SOUGHT (if known)   |                           |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Teich, Ann

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

X

GENERAL

SPECIFIC

COMMITTEE NAME

Ann Teich for School Board

COMMITTEE ADDRESS

9201 Quail Hill Circle  
Austin, TX 78758-6617

COMMITTEE CAMPAIGN TREASURER NAME

Randal E. Teich

COMMITTEE CAMPAIGN TREASURER ADDRESS

9201 Quail Hill Circle  
Austin, TX 78758-6617

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

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

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 165.00

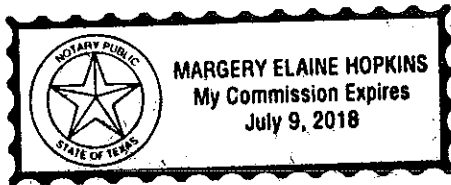
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,922.56

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Ann Teich*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Teich, this the 17<sup>th</sup> day of January, 2017, to certify which, witness my hand and seal of office.

*Margery Elaine Hopkins* Margery Elaine Hopkins Exec Assis<sup>t</sup>  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Teich, Ann   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   |  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 200.00                                     |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                    |  | \$ -  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  |  | \$ -  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS  |  | \$ -  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 165.00                                     |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |  | \$ -  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                         |  | \$ -  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |  | \$ -  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                                    |  | \$ -  |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                   |  | \$ -  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                      |  | \$ -  |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$ 2.08                                       |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:<br>1 of 1                                    |
| 2 FILER NAME<br><p style="text-align: center;">Teich, Ann</p>   |   | 3 Filer ID (Ethics Commission Filers)                                   |
| 4 Date<br><p style="text-align: center;">10/15/2016</p>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><p style="text-align: center;">Communications Workers of America</p> | 7 Amount of contribution (\$)<br><p style="text-align: center;">200</p> |
| 6 Contributor address; City; State; Zip Code<br><p style="text-align: center;">400 W. 14th St.<br/>Austin, TX 78701</p> |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code                         | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code                         | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code                         | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |                                   |  |
|--|-----------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>Page 1 of 1 | <b>2</b> FILER NAME<br>Teich, Ann | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|-----------------------------------|--|

|                            |   |
|----------------------------|---|
| <b>4</b> Date<br>11/7/2016 | <b>5</b> Payee name<br>The Balkan Grill |
|----------------------------|---|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>165.00 | <b>7</b> Payee address; City; State; Zip Code<br>11800 N Lamar Blvd<br>Austin, TX 78753 |
|--------------------------------|---|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Election Day Event |
|---|--|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1 of 1

2 FILER NAME

Teich, Ann

3 Filer ID (Ethics Commission Filers)

4 Date  
12/31/2016

5 Name of person from whom amount is received  
Randolph Brooks FCU

8 Amount (\$)  
2.08

6 Address of person from whom amount is received; City; State; Zip Code  
PO Box 2097  
Universal City, TX 78148-2097

7 Purpose for which amount is received  Check if political contribution returned to filer  
Interest income on deposits

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED