

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form		1 Filer ID(Ethics Commission filers)	2 Total pages filed		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Andrew	MI C.	OFFICE USE ONLY Date Received 10/26/2015	
	NICKNAME	LAST Burks	SUFFIX Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; 5606 Beldart St Houston TX 77033	APT/SUITE #;	CITY; STATE; ZIP CODE		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832) 752-1723	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Levi	MI	Receipt #	Amount
	NICKNAME	LAST Benton	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please); 3417 Milam Houston TX 77002		APT/SUITE #;	CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 521-1717	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)				
10 PERIOD COVERED	Month Day Year 9/24/2015	THROUGH	Month Day Year 10/26/2015		
11 ELECTION	ELECTION DATE Month Day Year 11/3/2015		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		

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

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

14 FILER NAME Andrew C. Burks

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

17 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)	\$2,250.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$504.38
	4	TOTAL POLITICAL EXPENDITURES	\$2,651.38
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$216.79
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Andrew C. Burks Jr

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Andrew C. Burks		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Andrew C. Burks

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Andrew C. Burks		3 Filer ID (Ethics Commission filers)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7
6 Contributor address;		City;	State; Zip Code
7		Amount of contributions (\$)	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7
6 Contributor address;		City;	State; Zip Code
7		Amount of contributions (\$)	
10/7/2015		Houston TX 77059	600.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Sales			
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7
6 Contributor address;		City;	State; Zip Code
7		Amount of contributions (\$)	
10/5/2015		Houston TX 77085	150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Retired			
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7
6 Contributor address;		City;	State; Zip Code
7		Amount of contributions (\$)	
10/14/2015		Houston TX 77007	1500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Andrew C. Burks

3 Filer ID (Ethics Commission filers)

Attorney

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Andrew C. Burks	3 Filer ID (Ethics Commission filers)
4 Date 10/12/2015	5 Payee name IPrintFlyers	
6 Amount (\$) 275.00	7 Payee address; City; State; Zip Code 8202 Cullen Blvd Houston TX 77051	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Andrew C. Burks, Jr	office sought office held City Council - At Large Position 2

4 Date 10/12/2015	5 Payee name D-Mars	
6 Amount (\$) 285.00	7 Payee address; City; State; Zip Code 7322 Southwest Freeway, 805 Houston TX 77074	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Andrew C. Burks, Jr	office sought office held City Council - At Large Position 2

4 Date 10/14/2015	5 Payee name D-Mars	
6 Amount (\$) 285.00	7 Payee address; City; State; Zip Code 7322 Southwest Freeway, 805 Houston TX 77074	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Andrew C. Burks		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Andrew C. Burks, Jr	office sought City Council - At Large Position 2	office held

4 Date 10/16/2015	5 Payee name Monica Duplechain		
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 3430 Sparrow Houston TX 77051		

8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Andrew C. Burks, Jr	office sought City Council - At Large Position 2	office held
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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Andrew C. Burks	3 Filer ID (Ethics Commission filers)
4 Date 10/19/2015	5 Payee name IPrintFlyers	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 8202 Cullen Blvd Houston TX 77033	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Andrew C. Burks, Jr City Council - At Large Position 2	

4 Date 9/28/2015	5 Payee name Nora Abram	
6 Amount (\$) 252.00	7 Payee address; City; State; Zip Code 5626 Beldart Houston TX 77033	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held Andrew C. Burks, Jr City Council - At Large Position 2	

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