

**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	MI
	NICKNAME	LAST	SUFFIX
Andrew C. Burks Jr.			<b>OFFICE USE ONLY</b>
Date Received			10/26/2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	5606 Beldart St Houston TX 77033		
Date Hand-delivered or Date Postmarked			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832) 752-1723		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Levi Benton			Receipt #
			Amount
			Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	3417 Milam Houston TX 77002		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 521-1717		
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
		10/26/2015	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/3/2015		<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)

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	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

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	<b>SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL</b>
	<b>NAME OF SCHEDULE</b>	<b>AMOUNT</b>
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# )
		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# )
		6	Contributor address; City; State; Zip Code
		7	Amount of contributions (\$)
	10/7/2015		Robert Tijernia Houston TX 77059 600.00
8	Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
		6	Contributor address; City; State; Zip Code
		7	Amount of contributions (\$)
	10/5/2015		Alvis Prince Houston TX 77085 150.00
8	Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
		6	Contributor address; City; State; Zip Code
		7	Amount of contributions (\$)
	10/14/2015		Norman Jolly 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	<input type="checkbox"/> <input type="checkbox"/>	(b) Description  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



**POLITICAL EXPENDITURES  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Andrew C. Burks	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/19/2015	<b>5</b> Payee name IPrintFlyers	
<b>6</b> Amount (\$) 350.00	<b>7</b> Payee address; City; State; Zip Code 8202 Cullen Blvd Houston TX 77033	
<b>8 PURPOSE OF EXPENDITURE</b>	(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
<b>9</b> 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

<b>4</b> Date 9/28/2015	<b>5</b> Payee name Nora Abram	
<b>6</b> Amount (\$) 252.00	<b>7</b> Payee address; City; State; Zip Code 5626 Beldart Houston TX 77033	
<b>8 PURPOSE OF EXPENDITURE</b>	(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
<b>9</b> 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

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