

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM CJOH  
COVER SHEET PG 1

The CJOH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 1.5em;">2/RS</span>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="font-size: 1.5em;">MR</span>	FIRST <span style="font-size: 1.5em;">ALBERT</span>	MI <span style="font-size: 1.5em;">R</span>	<b>OFFICE USE ONLY</b>
	NICKNAME <span style="font-size: 1.5em;">AL</span>	LAST <span style="font-size: 1.5em;">ANXIER</span>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 40px;"></div>			Date Hand-delivered or Date Postmarked  <span style="font-size: 1.5em;">RS</span>
<input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 20px;"></div>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 20px;"></div>			Receipt #
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="font-size: 1.5em;">MR</span>	FIRST <span style="font-size: 1.5em;">THOMAS</span>	MI <span style="font-size: 1.5em;">P</span>	Amount \$
	NICKNAME <span style="font-size: 1.5em;">DAVID</span>	LAST <span style="font-size: 1.5em;">PHILLIP</span>	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <span style="font-size: 1.5em;">409 E. SAN ANTONIO BOERNE, TX 78006</span>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.5em;">(830) 248-1075</span>			
9 REPORT TYPE	<input 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) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach CJOH - FR)			
10 PERIOD COVERED	Month Day Year      Month Day Year <span style="font-size: 1.5em;">1 / 1 / 15</span> THROUGH <span style="font-size: 1.5em;">6 / 30 / 15</span>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year <span style="font-size: 1.5em;">/ /</span>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)  <span style="font-size: 1.5em;">KENDALL COUNTY SHERIFF</span>		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

ALBERT R. ANXIED

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$ - 0 -

EXPENDITURE  
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

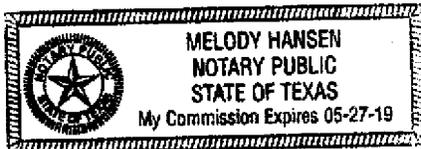
\$ 3,611.95

OUTSTANDING  
LOAN TOTALS

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

\$ - 0 -

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.

Albert R. Anxied

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert Anxied, this the 15<sup>th</sup> day of July, 2015, to certify which, witness my hand and seal of office.

Melody Hansen  
Signature of officer administering oath

Melody Hansen  
Printed name of officer administering oath

Administrative Assistant  
Title of officer administering oath