

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
ALBERT R AUXIER

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

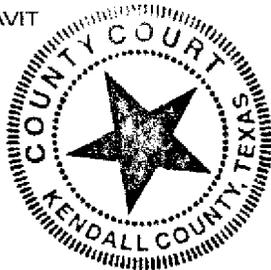
 additional pages

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 3,209.65
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,162.80
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 7.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,100.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,294.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

Albert Auxier
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Albert Auxier, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Darlene Herrin
Signature of officer administering oath

Printed name: DARLENE HERRIN, County Clerk
Kendall County, Texas

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. <div style="text-align: right; font-size: 1.5em;">18</div>	
2 FILER NAME ALBERT R ANXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/1/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTHA RICHTER	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 605 E. BLANCO BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JULIE + BRYAN STUCKEY	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 128 SPRING HILL DR BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LOUINE PANKRATZ	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 125 CROSSPOINT # 4201 BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEPHAN RAHM	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1263 BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT OLIVER	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10 TOPPERWEN BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

18

2 FILER NAME

ALBERT R AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/11

5 Full name of contributor out-of-state PAC (ID# _____)

PETER GOSTOMSKI

6 Contributor address; City; State; Zip Code

3587 BUMP GATE ROAD
PIPE CREEK, TX 75063

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

MARK & CINDY McQUAD

Contributor address; City; State; Zip Code

214 BERTWOOD
BOERNE, TX 78006

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

DEBORAH WEST

Contributor address; City; State; Zip Code

120 COHULLO DR
DEL RIO, TX 78840

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

CODY LACKLEY

Contributor address; City; State; Zip Code

257 MICHELLE LN
BOERNE, TX 78006

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

ROBIN SCHEEL

Contributor address; City; State; Zip Code

926 ADLER
BOERNE, TX 78006

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

18

2 FILER NAME

ALBERT R AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/11

5 Full name of contributor out-of-state PAC (ID# _____)

MONTY + SALLY LAJE

6 Contributor address; City; State; Zip Code

523 SUMMIT TRAIL
BOEWNE, TX 78006

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

TAMMY JORDAN

Contributor address; City; State; Zip Code

113 ROCK CANYON
BOEWNE, TX 78006

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

MAX + NANCY BLOW

Contributor address; City; State; Zip Code

203 IDLEWILDE BLVD
COMFORT, TX 78013

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

MICHAEL + MARISA MURPHY

Contributor address; City; State; Zip Code

126 CHRISTEN CT
BOEWNE, TX 78006

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

FLOD + STIRLEY STEHLING

Contributor address; City; State; Zip Code

26 LITTLE JOSHUA CREEK
COMFORT, TX 78013

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

18

2 FILER NAME

ALBERT R AXIOL

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/11

5 Full name of contributor out-of-state PAC (ID# _____)

RON TARPEN

6 Contributor address, City, State, Zip Code

PO BOX 2189
BOERNE, TX 78006

7 Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

CLINT & CARRIE COOK

Contributor address, City, State, Zip Code

411 SPARKLING SPRINGS
BOERNE, TX 78006

Amount of contribution (\$)

\$ 300.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

JAMES MCCORMICK III

Contributor address, City, State, Zip Code

120 PARK RIDGE
BOERNE, TX 78006

Amount of contribution (\$)

\$ 200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

ROBERT & DEBORAH PRENTISS

Contributor address, City, State, Zip Code

404 MAY LN
BOERNE, TX 78006

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/11

Full name of contributor out-of-state PAC (ID# _____)

JOSEPH CARRIKER

Contributor address, City, State, Zip Code

6 SPENCER
BOERNE, TX 78006

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 18	
2 FILER NAME ALBERT R AXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROY SMITH 6 Contributor address: City: State: Zip Code 19A SMISER SMITH RD BOERNE, TX 78006	7 Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE D'SPAIN Contributor address: City: State: Zip Code 202 PAWN VALLEY BOERNE, TX 78006	Amount of contribution (\$) \$ 110.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SIVAGNANAM MANICKAVASAGAR Contributor address: City: State: Zip Code 141 LAKEVIEW DR BOERNE, TX 78006	Amount of contribution (\$) \$ 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARBARA BOITMANN Contributor address: City: State: Zip Code PO BOX 462 KENDALIA, TX 78027	Amount of contribution (\$) \$ 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROYCE BRADFORD Contributor address: City: State: Zip Code 205 SANDY OAKS BOERNE, TX 78006	Amount of contribution (\$) \$ 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <div style="text-align: right; font-size: 1.2em;">18</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">ALBERT R. AUXIER</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em;">9/14/11</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">JEFFREY + LESLIE TAYLOR</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$1,000.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <div style="font-size: 1.2em;">274 ENGLISH OAKS CIRCLE BOERNE, TX 78006</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.2em;">9/14/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">JEROME VALDEZ</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$500.00</div>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <div style="font-size: 1.2em;">103 VIEWPOINT DRIVE BOERNE, TX 78006</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">10/3/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">JIM MC NICHOL</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 300.00</div>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <div style="font-size: 1.2em;">304 KNOWLEDGE CIRCLE BANDERA, TX 78003</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">10/4/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">TM + HANNELORE AUXIER</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$1,000.00</div>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <div style="font-size: 1.2em;">5007 VILLAGE PART SAN ANTONIO, TX 78218</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">10/18/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">TRUDI THASCOFF</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 200.00</div>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <div style="font-size: 1.2em;">3518 CYPRESS CREEK RD COMFORT TX 78013</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:

18

2 FILER NAME

ALBERT R. AUXILOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/17/11

5 Full name of contributor out-of-state PAC (ID# _____)

THOMAS & JAVICE SING

6 Contributor address; City; State; Zip Code

215 W. BANDERA RD #14-426
BOERNE, TX 78006

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/28/11

Full name of contributor out-of-state PAC (ID# _____)

DENVER LUMBER LLC

Contributor address; City; State; Zip Code

12 S PAWISH PASS RD
BOERNE, TX 78006

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/9/11

Full name of contributor out-of-state PAC (ID# _____)

LAWRENCE CIMCO

Contributor address; City; State; Zip Code

425 SUMMITT TRAIL
BOERNE, TX 78006

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/11

Full name of contributor out-of-state PAC (ID# _____)

POW & STELLA BENNETT

Contributor address; City; State; Zip Code

109 FOXTON HILL ROAD
COMFORT, TX 78013

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/11

Full name of contributor out-of-state PAC (ID# _____)

WILLIAM & KATHY WILSON

Contributor address; City; State; Zip Code

39665 IH 10 W
BOERNE, TX 78006

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 18	
2 FILER NAME ALBERT L. AXIEL		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/1/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARBARA CLARK	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 536 BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICK + CHERYL WILSON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 943 HIGH ST COMFORT, TX 78013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL KILGORE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 416 WINDING WELFARE RD BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) M.E. PLASTER	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 ROBIN CT. BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GARY + PATSY JENNINGS	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19C SMISER SMITH RD BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 18	
2 FILER NAME ALBERT L. AXLER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/9/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT WEBSTER	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 335 HWY 46 W BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KENNETH & CAROL NIETENHOEFER	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 805 SUMMIT TRAIL BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAVIER SMILOVIC	Amount of contribution (\$) \$ 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 215 W BANDERA # 113-A BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SIVAGANAM MANICKAVASAGAR	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 141 LAKE VIEW DR BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID & IVY D'SPAIN	Amount of contribution (\$) \$ 525.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 35 HOBLEY BEE LN BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

18

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/6/11

5 Full name of contributor out-of-state PAC (ID# _____)

BERNIE MILLER

6 Contributor address; City; State; Zip Code

104 NORTH VIEW DR
BOERNE, TX 78006

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

JERRY JONES

Contributor address; City; State; Zip Code

PO BOX 4008
BERGHEIM, TX 78004

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

NORMAN HURT

Contributor address; City; State; Zip Code

142 INDUSTRIAL DR
BOERNE, TX 78006

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

TOM PHILLIP

Contributor address; City; State; Zip Code

120 E. EVERGREEN
BOERNE, TX 78006

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

TODD + DEBBIE MOORE

Contributor address; City; State; Zip Code

PO BOX 733
BOERNE, TX 78006

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME ALBERT R. AXIOLZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/6/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUSAN J BRIAN RITTMAN	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 1948 BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JESSE TINDALL	Amount of contribution (\$) \$450.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 645 LOCKHILL SEEMA # 200 SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOMMY SING	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 215 W. BANDERA # 114-426 BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES M. COLMICK III	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 120 PARK RIDGE BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARBARA BOITMAN	Amount of contribution (\$) \$1,300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 462 KENDALL, TX 78027		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">ARLETT R. AVXIER</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 1.2em;">12/6/11</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center; font-size: 1.2em;">ROBERT MANNING</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">131 BESS BOERNE, TX 78006</p>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">12/6/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center; font-size: 1.2em;">ROBERT ZIEGLER</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">414 SCHRYVER BOERNE, TX 78006</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">12/6/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center; font-size: 1.2em;">DORNA & RICHARD SIMPK</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.00</p>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">110 CANYON CIRCLE BOERNE, TX 78015</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">12/6/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center; font-size: 1.2em;">STANLEY JONES</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$200.00</p>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">PO Box 4070 BOERNE, TX 78004</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">12/6/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center; font-size: 1.2em;">SHANNON & HOLLY DELAUNE</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$500.00</p>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <p style="text-align: center; font-size: 1.2em;">73 BREEZE WAY BOERNE, TX 78006</p>		
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

18

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/6/11

5 Full name of contributor out-of-state PAC (ID# _____)

ALFRED BECK

6 Contributor address; City; State; Zip Code

88 BREEZEWAY
BOERNE, TX 78006

7 Amount of contribution (\$)

\$650.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/8/11

Full name of contributor out-of-state PAC (ID# _____)

MARISSA + DONALD ECKERT

Contributor address; City; State; Zip Code

106 BIRDSONG
BOERNE, TX 78006

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

MIKE + CAROL BIDUS

Contributor address; City; State; Zip Code

105 HIDDEN OAKS CIRCLE
BOERNE, TX 78006

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/11

Full name of contributor out-of-state PAC (ID# _____)

LOISE + JENNIFER KNAPP

Contributor address; City; State; Zip Code

450 LOWER TURTLE CREEK RD
KERRVILLE, TX 78028

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/11

Full name of contributor out-of-state PAC (ID# _____)

VIC + CHERI VAUGHAN

Contributor address; City; State; Zip Code

11203 CIMARRON CREST
BOERNE, TX 78006

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **18**

2 FILER NAME

ALBERT D. AXLER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/20/11

5 Full name of contributor out-of-state PAC (ID# _____)

TERRY LARSON

6 Contributor address; City; State; Zip Code

**PO BOX 591812
SAN ANTONIO, TX 78259**

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/20/11

Full name of contributor out-of-state PAC (ID# _____)

RONALD ATKINSON

Contributor address; City; State; Zip Code

**143 RIVER TRAIL
BOERNE, TX 78006**

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/11

Full name of contributor out-of-state PAC (ID# _____)

JOOST + STEPHY GOSSINK

Contributor address; City; State; Zip Code

**120 GREYSTONE POINT
BOERNE, TX 78006**

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/11

Full name of contributor out-of-state PAC (ID# _____)

BARBARA CLARK

Contributor address; City; State; Zip Code

**PO BOX 536
BOERNE, TX 78006**

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/11

Full name of contributor out-of-state PAC (ID# _____)

ADDIANTO BUILDERS LLC

Contributor address; City; State; Zip Code

**4785 BANILERA HWY
CENTRAL POINT, TX 75010**

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/15/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEFFREY & KAREN ROGERS	7 Amount of contribution (\$) \$2,780.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 420 MOUNTAIN SPRINGS BOJONE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/28/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALAN L SMITH	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1000 COMFORT, TX 78013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HARVEST ENTERPRISES	Amount of contribution (\$) \$140.00	In-kind contribution description (if applicable) CONSULTING
Contributor address; City; State; Zip Code 229 KATIE COURT BOJONE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REPUBLICAN PARTY OF TEXAS	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) VOTER VAULT
Contributor address; City; State; Zip Code 1108 LAVACA #500 AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANTHONY & CATHERINE JACKSON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19802 SCENIC LOOP RT BOJONE, TX 78006		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME ALBERT R. AXIEX		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/22/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DUANE OTTEN 6 Contributor address; City; State; Zip Code 429 STATE HWY 46 W BOEWE, TX 78006	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JASON MIMS Contributor address; City; State; Zip Code 225 NORTH ST BOEWE, TX 78006	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEITH ELDER Contributor address; City; State; Zip Code 125 E. WINDING LOOP BOEWE, TX 78006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRAN & JERRY CRAIG Contributor address; City; State; Zip Code 29270 NO LE HACE FAIR OAKS RANCH, TX 78015	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEE CARRIKER Contributor address; City; State; Zip Code 6 SPENCER ROAD BOEWE, TX 78006	Amount of contribution (\$) \$500	In-kind contribution description (if applicable) MUSIC (BAND) AT FUNDRAISER
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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **18**

2 FILER NAME

ALBERT R. ANXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/6/11

5 Full name of contributor out-of-state PAC (ID# _____)

FORBES MEADOWS

6 Contributor address; City; State; Zip Code

**437 SISTERDALE RD
BOERNE, TX 78006**

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

**FRAMED
PRINT**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

DARREN STREUBING

Contributor address; City; State; Zip Code

**PO Box 632
BOERNE, TX 78006**

Amount of contribution (\$)

\$ 400.00

In-kind contribution description (if applicable)

**USE OF HOUSE
AT COAST**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

SHANNON DELAUN

Contributor address; City; State; Zip Code

**73 BREEZEWAY
BOERNE, TX 78006**

Amount of contribution (\$)

\$ 950.00

In-kind contribution description (if applicable)

**USE OF HOUSE
IN CONCAN, TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

FORBES MEADOWS

Contributor address; City; State; Zip Code

**437 SISTERDALE ROAD
BOERNE, TX 78006**

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

**FRAMED
FLAG**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

KERRIE WILLIAMS

Contributor address; City; State; Zip Code

**PO Box 877
BOERNE, TX 78006**

Amount of contribution (\$)

\$ 1000.00

In-kind contribution description (if applicable)

**USE OF HOUSE
IN ANGEL
FIRE, NM**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

18

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/11

5 Full name of contributor out-of-state PAC (ID# _____)

TM + HANNELORE AUXIER

6 Contributor address; City; State; Zip Code

5007 VILLAGE PATH
SAN ANTONIO, TX 78218

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

RON CISNEROS

Contributor address; City; State; Zip Code

122 LEHMANN
BOERNE, TX 78006

Amount of contribution (\$)

\$450.00

In-kind contribution description (if applicable)

JEWELRY

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

TED BLANCHE

Contributor address; City; State; Zip Code

415 HWY 46 W
BOERNE, TX 78006

Amount of contribution (\$)

\$4,462.55

In-kind contribution description (if applicable)

FACILITY,
FOOD, DRINKS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/11

Full name of contributor out-of-state PAC (ID# _____)

FORRES MEADOWS AUCTIONEER, INC.

Contributor address; City; State; Zip Code

437 SISTERDALE RD
BOERNE, TX 78006

Amount of contribution (\$)

\$285.60

In-kind contribution description (if applicable)

AUCTION
SERVICES

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/11

Full name of contributor out-of-state PAC (ID# _____)

CISSY WURZ

Contributor address; City; State; Zip Code

32460 IH 10 W
BOERNE, TX 78006

Amount of contribution (\$)

\$750.00

In-kind contribution description (if applicable)

SIGNAGE

(If travel outside of Texas, complete Schedule T)

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

ALBERT R. ANXIER

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$ - 0 -

5 Date

12/6/11

6 Full name of pledgor out-of-state PAC (ID# _____)

ART WILSON

7 Pledgor address; City; State; Zip Code

33 FM 474
BOELWE, TX 78006

8 Amount of pledge (\$)

\$ 900.00

(If travel outside of Texas, complete Schedule T)

9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

12/6/11

Full name of pledgor out-of-state PAC (ID# _____)

KERRY + DAVID PHILLIP

Pledgor address; City; State; Zip Code

178 HIDDEN HAVEN
BOELWE, TX 78006

Amount of pledge (\$)

\$ 1,200.00

(If travel outside of Texas, complete Schedule T)

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

NIA

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME ALBERT L. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 9/30/11	5 Payee name SMV TEXAS DESIGN GROUP
--------------------------	---

6 Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 265 N. MAIN # C BOERNE, TX 78006
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/6/11	Payee name LEAPS-N-JUMPS
------------------------	------------------------------------

Amount (\$) \$125.00	Payee address; City; State; Zip Code PO BOX 643 COMFORT, TX 78013
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) MOONWALK FOR FUNDRAISER
------------------------	--	---

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

Date 10/24/11	Payee name POLONYX LLC
-------------------------	----------------------------------

Amount (\$) \$244.19	Payee address; City; State; Zip Code PO BOX 2331 BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/11	Payee name HARVEST ENTERPRISES
-------------------------	--

Amount (\$) \$420.00	Payee address; City; State; Zip Code 229 KATIE COURT BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CONSULTING
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/10/11		5 Payee name HUNGRY HORSE RESTAURANT			
6 Amount (\$) \$650.00		7 Payee address; City; State; Zip Code 109 SAUNDERS BOERNE, TX 78006			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) FOOD FOR FUNDRAISOR	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/15/11		Payee name POLO NYX LLC			
Amount (\$) \$365.62		Payee address; City; State; Zip Code PO BOX 2331 BOERNE, TX 78006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POSTCARDS, STICKERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/11		Payee name CORNER CASTEL			
Amount (\$) \$810.64		Payee address; City; State; Zip Code 265 S. MAIN BOERNE, TX 78006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PENS, COULERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/13/11		Payee name PON WHITE			
Amount (\$) \$630.95		Payee address; City; State; Zip Code 401 BRAKEN RIDGE BOERNE, TX 78006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) AUCTION ITEMS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>3</u>	2 FILER NAME <u>ALBERT R. AXLER</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>12/13/11</u>	5 Payee name <u>CIRCLE H SIGNS</u>	
6 Amount (\$) <u>\$5,613.85</u>	7 Payee address; City; State; Zip Code <u>113 S. PLANT BOERNE, TX 78006</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>SIGNS</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>12/29/11</u>	Payee name <u>JESSICA RODRIGUEZ</u>	
Amount (\$) <u>\$1,340.62</u>	Payee address; City; State; Zip Code <u>801 EASY DAY COVE AUSTIN, TX 78745</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description (If travel outside of Texas, complete Schedule T) <u>WEBSITE</u>
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME ALBERT R AUXIER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/9/11	5 Payee name SAM'S CLUB	
6 Amount (\$) \$ 129.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5565 DE ZAVALA SAN ANTONIO, TX 78249	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FOOD FOR FUNDRAISER
Date 8/31/11	Payee name SAM'S CLUB	
Amount (\$) \$ 77.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5565 DE ZAVALA SAN ANTONIO, TX 78249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) CANDY FOR PARADE
Date 9/8/11	Payee name WALMART	
Amount (\$) \$ 633.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1381 S. MAIN BOERNE, TX 78006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) FOOD FOR FUNDRAISER
Date 9/9/11	Payee name BOERNE PRINTING	
Amount (\$) \$ 126.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 904 E. BLANCO BOERNE, TX 78006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CARDS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/16/11	5 Payee name COMFORT CHAMBER OF COMMERCE
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6 Amount (\$) \$140.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 777 COMFORT, TX 78013
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) VENDOR BOOTH
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Date 12/29/11	Payee name KENDALL COUNTY
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Amount (\$) \$5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 E. SAN ANTONIO BOELNE, TX 78006
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) VOTER LIST
------------------------	--	--

Date 9/7/11	Payee name COSTCO
-----------------------	-----------------------------

Amount (\$) \$246.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5611 UTSA BLVD SAN ANTONIO, TX 78249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) PLATES, UTENSILS
------------------------	--	--

Date 9/10/11	Payee name HEB
------------------------	--------------------------

Amount (\$) \$450.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 420 W. BANDERA BOELNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) FOOD + BEVERAGES
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/12/11	5 Payee name PLAZA PACKAGE
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6 Amount (\$) \$ 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 262 S. MAIN BOERNE, TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description (If travel outside of Texas, complete Schedule T) PLANKS
--------------------------	--	--

Date 9/10/11	Payee name MY DJ SERVICES
------------------------	-------------------------------------

Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11731 SPRING RIDGE SAN ANTONIO, TX 78249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) DJ
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Date 9/12/11	Payee name KENDALL COUNTY FAIR ASSOC
------------------------	--

Amount (\$) \$ 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1307 RIVER ROAD BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) HALL RENTAL
------------------------	--	---

Date 9/28/11	Payee name BOERNE OFFICE SUPPLY, LLC
------------------------	--

Amount (\$) \$ 29.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 1495 BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) LABELS
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5		2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/11		5 Payee name BADGE-A-MINI			
6 Amount (\$) \$ 224.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 345 N. LEWIS AVE OGLESBY, IL 61348			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (if travel outside of Texas, complete Schedule T) BUTTONS	
Date 11/30/11		Payee name BADGE-A-MINI			
Amount (\$) \$ 177.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 345 N. LEWIS AVE OGLESBY, IL 61348			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (if travel outside of Texas, complete Schedule T) BUTTONS	
Date 9/27 to 12/31		Payee name FACEBOOK			
Amount (\$) \$ 67.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 WILLOW PARK MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (if travel outside of Texas, complete Schedule T) FACEBOOK ADS	
Date 10/24/11		Payee name CONSTANT CONTACT			
Amount (\$) \$ 21.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 TRAPELO ROAD # 329 WALTHAM, MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (if travel outside of Texas, complete Schedule T) ADVERTISING	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/24/11	5 Payee name CONSTANT CONTACT
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6 Amount (\$) \$ 21.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 TRAPELO ROAD #329 WALTHAM, MA 02451
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) ADVERTISING
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Date 12/24/11	Payee name CONSTANT CONTACT
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Amount (\$) \$ 21.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 TRAPELO ROAD #329 WALTHAM, MA, 02451
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ADVERTISING
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME ALBERT R. AVXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code N/A
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">ALBERT R. AUXIER</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address: City: State: Zip Code <p style="text-align:center">N/A</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS	SCHEDULE K
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The instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1
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2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code N/A	
	7 Purpose for which amount is received	

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	

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	

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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: **1**

2 FILER NAME

ALBERT R. AXLER

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

N/A

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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