

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files)	2 Total pages filed 14 <i>(w)</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR</i> FIRST: <i>ALBERT</i> MI: <i>R</i> NICKNAME: <i>AL</i> LAST: <i>AUXIER</i> SUFFIX:	OFFICE USE ONLY Date Received: <i>07-16-2012</i> <i>12:09</i> Date Hand-delivered or Postmarked: Receipt #: Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE, PHONE NUMBER, EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MR</i> FIRST: <i>THOMAS</i> MI: <i>D</i> NICKNAME: <i>DAVID</i> LAST: <i>PHILLIP</i> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <i>409 E. SAN ANTONIO</i> <i>BOERNE, TX 78006</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE, PHONE NUMBER, EXTENSION <i>(830) 248-1075</i>		
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 C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>5 / 20 / 12</i> <i>6 / 30 / 12</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 29 / 12</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>KENDALL COUNTY SHERIFF</i>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ALBERT R. AUXIER 15 ACCOUNT # (Ethics Commission Files)

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 60.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,285.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,585.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,094.27
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert R. Auxier, this the 16th day of July, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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: 1 of 3	
2 FILER NAME ALBERT R. ANXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRUCE + BETH JOHNSON 6 Contributor address: City: State: Zip Code 1818 FM 1376 BOERNE, TX 78006	7 Amount of contribution (\$) \$100.00 <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 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MORRIS DUPLEY Contributor address: City: State: Zip Code 39350 IH 10 WEST # 3 BOERNE, TX 78006	Amount of contribution (\$) \$250.00 <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 5/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ART WILSON Contributor address: City: State: Zip Code 39665 IH 10 WEST BOERNE, TX 78006	Amount of contribution (\$) \$1,000.00 <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 5/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN SMITH Contributor address: City: State: Zip Code PO BOX 294347 KERRVILLE, TX 78028	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 5/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES McCORMICK III Contributor address: City: State: Zip Code 120 PARK RIDGE BOERNE, TX 78006	Amount of contribution (\$) \$250.00 <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)	
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 2 of 3	
2 FILER NAME ALBERT R. AXLER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRANK HILL JR 6 Contributor address: City, State, Zip Code PO BOX 387 BOERNE, TX 78006	7 Amount of contribution (\$) \$125.00 <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 5/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) J.R. ANTHEMENT Contributor address: City, State, Zip Code 205 LONE STAR 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)	
Date 5/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) L.D. CHRISTIANSON Contributor address: City, State, Zip Code P.O. BOX 2307 BOERNE, TX 78006	Amount of contribution (\$) \$300.00 <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 VARIOUS	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HUNGRY HORSE RESTAURANT Contributor address: City, State, Zip Code 116 BACKSKIN DR. BOERNE, TX 78006	Amount of contribution (\$) \$550.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) DRINKS FOR MEET + GALLETS
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/20- 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PAUL HOLICAMP Contributor address: City, State, Zip Code 113 S. PLANT BOERNE, TX 78006	Amount of contribution (\$) \$750.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) RENT, CAMPAIGN HEADQUARTERS
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 3 of 3	
2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/18/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) E. W. BRANCH JR.	7 Amount of contribution (\$) \$2,200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 415 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1
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2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ↻ ↻ ↻ ↻ ↻ ↻	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code NONE		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (IC# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ NONE		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address, City, State, Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City, State, Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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
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 F: **1 OF 2** 2 FILER NAME **ALBERT R. ANXIER** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **5/22/12** 5 Payee name **CHILITO'S EXPRESS**

6 Amount (\$) **\$422.10** 7 Payee address; City: State: Zip Code
**265 S. MAIN
BOELWE, TX 78006**

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) **FOOD FOR MARKET + CLOSET**

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

Date **5/25/12** Payee name **CHILITO'S EXPRESS**

Amount (\$) **\$500.00** Payee address; City: State: Zip Code
**265 S. MAIN
BOELWE, TX 78006**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FOOD/BEVERAGE** Description (If travel outside of Texas, complete Schedule T) **FOR FOR ELECTION PARTY**

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

Date **5/28/12** Payee name **RESTON EXPRESS DISTRIBUTING**

Amount (\$) **\$283.40** Payee address; City: State: Zip Code
**PO BOX 2404
BOELWE, TX 78006**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ADVERTISING** Description (If travel outside of Texas, complete Schedule T) **STARTS**

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

Date **5/31/12** Payee name **HILL COUNTY WEEKLY**

Amount (\$) **\$340.00** Payee address; City: State: Zip Code
**PO BOX 1373
BOELWE, TX 78006**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ADVERTISING** Description (If travel outside of Texas, complete Schedule T) **NEWS PAPER ADS**

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: 2 of 2	2 FILER NAME ALBERT A. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/31/12	5 Payee name CHILD'S EXPRESS
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6 Amount (\$) \$ 875.00	7 Payee address: City, State, Zip Code 265 S. MAIN BOEWE, 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) FOOD FOR MEET + GUEST
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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 5/31/12	Payee name HUNGRY HORSE RESTAURANT
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Amount (\$) \$550.00	Payee address: City, State, Zip Code 116 BUCKSKIN PL. BOEWE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (if travel outside of Texas, complete Schedule T) FOOD FOR MEET + GUEST
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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 5/31/12	Payee name CANDY ON MAIN
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Amount (\$) \$167.83	Payee address: City, State, Zip Code 248 S. MAIN BOEWE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (if travel outside of Texas, complete Schedule T) CANDY
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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 6/5/12	Payee name BROTHER FOLK + SPOONERS BAND
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Amount (\$) \$400.00	Payee address: City, State, Zip Code PO BOX 1174 BOEWE, 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) MUSIC
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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

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 <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">ALBERT R. AXLER</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">5/29/12</p>	5 Payee name <p style="text-align:center">FACE BOOK</p>	
6 Amount (\$) \$9.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City, State, Zip Code <p style="text-align:center">1601 WILLOW PARK MENLO PARK, CA 94025</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">ADVERTISING</p>
Date <p style="text-align:center">5/24/12</p>	Payee name <p style="text-align:center">CONSTANT CONTACT</p>	
Amount (\$) \$37.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code <p style="text-align:center">1601 TRAPELO RD #329 WALTHAM, MA 02451</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">ADVERTISING</p>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
6 Amount (\$)	7 Business address, City, State, Zip Code N/A

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

Date	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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

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: <i>1</i>	2 FILER NAME <i>ALBERT R. AUXIER</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------------------	------------------------------------------------	-----------------------------------------------

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address: City: State: Zip Code <i>N/A</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required)
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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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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Date	Payee name
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K
J

2 FILER NAME

ALBERT R. AXLER

3 ACCOUNT # (Ethics Commission Filers)

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. AUXIER **3** ACCOUNT # (Ethics Commission Filers)

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

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 N/A
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED