

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: 34 34 (w)
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME AL	FIRST ALBERT LAST AUXIER	MI R SUFFIX R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address			OFFICE USE ONLY Date Received 4-30-2012 3:05
5 CANDIDATE / OFFICEHOLDER PHONE			Date Hand-delivered or Registered (w)
6 CAMPAIGN TREASURER NAME			Receipt #
7 CAMPAIGN TREASURER ADDRESS (residence or business)			Amount
8 CAMPAIGN TREASURER PHONE			Date Processed
8 REPORT TYPE			Date Imaged
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICE SOUGHT (if known)	

GOTO 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 Filers)

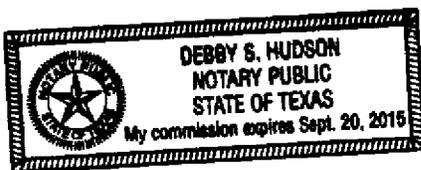
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 986.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,066.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,283.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,783.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Albert R. Auxier
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert Auxier, this the 30th day of April, 2012, to certify which, witness my hand and seal of office.

Debby S. Hudson Debby S. Hudson Notary Public
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: 10 of 12	
2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/2/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CLYDE + BETTY YOST 6 Contributor address; City; State; Zip Code 140 WOODLAND RANCH RD BOERNE, TX 78006	7 Amount of contribution (\$) \$ 200.00 (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 11/3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROY SMITH Contributor address; City; State; Zip Code 19A SMISER SMITH RD 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 11/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HARRY E CAYLOR III Contributor address; City; State; Zip Code 156 RANCH DRIVE 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 11/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MICHAEL R. ALTMAN Contributor address; City; State; Zip Code 100 W. HOSACK 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 11/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BRAD + CINDY BADDERS Contributor address; City; State; Zip Code 520 W. COLORADO SAN ANTONIO, TX 78207	Amount of contribution (\$) \$ 150.00 (If travel outside of Texas, complete Schedule T)	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 12	
2 FILER NAME ALBERT R. AVXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARY & WANDA MCCALHY 6 Contributor address; City; State; Zip Code PO BOX 26 BOERNE, TX 78006	7 Amount of contribution (\$) \$500.00 (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 1/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ERNIE LOBELLO Contributor address; City; State; Zip Code PO BOX 63572 PIPECREEK, TX 78063	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 1/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LARRY MYERS Contributor address; City; State; Zip Code 752 IN FAUDEL COMFORT, TX 78013	Amount of contribution (\$) \$80.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TIM LAMBERSON Contributor address; City; State; Zip Code 138 PFEIFFER RD 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 1/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DANIEL PIERCE Contributor address; City; State; Zip Code 308 FALCON POINT BOERNE, TX 78006	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T)	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: 3 OF 12	
2 FILER NAME ALBERT R. ANXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANITA BRANCH	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 103 RANGER CREEK RD BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACK ESSER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2046 HWY 473 KENDALIA, TX 78027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WYLEY CLOUD	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 100 DEER TRAIL BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RON CORTEZ	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 116 HOSKINS TRAIL BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KENNETH HOERSTER	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO BOX 2304 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: 4 of 12	
2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/13/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VERNON FLIESEN HATH 6 Contributor address; City; State; Zip Code 300 TORCIDO SAN ANTONIO, TX 78209	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BLAD & CIND BADDERS Contributor address; City; State; Zip Code 520 N. COLORADO SAN ANTONIO, TX 78207	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J PATRIC O'BURKE Contributor address; City; State; Zip Code 19179 BLANCO STE 105-230 SAN ANTONIO, TX 78258	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GARY & GINA FLASHER Contributor address; City; State; Zip Code 415 ALCUSTA BOERNE, TX 78006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT S. THORNTON LP Contributor address; City; State; Zip Code 507 E. BLANCO BOERNE, TX 78006	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 12

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/22/12

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

DAVID & MARY ANDERSON

6 Contributor address: City: State: Zip Code

132 RIDGE TRAIL

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

2/23/12

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

PALACIOS ACCIDENT RECONSTRUCTION LLC

Contributor address: City: State: Zip Code

121 DEER TRAIL

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

2/26/12

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

ROBERT & LIDA CISNEROS

Contributor address: City: State: Zip Code

424 PARADISE 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

3/2/12

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

E W BLANCH JR

Contributor address: City: State: Zip Code

415 HWY 46 W

BOERNE, TX 78006

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/12

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

SUSAN TAYLOR

Contributor address: City: State: Zip Code

1245 FM 473

SISTERSDALE, TX 78006

Amount of contribution (\$)

\$860.00

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

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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: 6 of 12	
2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOUGLASS BOYD	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code 11 ERNST ROAD BOERNE, TX 78006	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PLAKE ZORAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code PO BOX 1073 BOERNE, TX 78006	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEBORAH + ROBERT PRENTISS	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 404 MAY LN BOERNE, TX 78006	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEE CARRIKER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 28604 IH 10 WEST #7 FAIR OAKS RANCH, TX 78015	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRAD + CINDY BADDERS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 520 N. COLORADO SAN ANTONIO, TX 78207	(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:

7 OF 12

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/24/12

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

RON MURPHY

6 Contributor address: City; State; Zip Code

5 JASON RD
BOELNE, 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

2/24/12

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

L. RIPLEY

Contributor address: City; State; Zip Code

339 REMINGTON
BERGHEIM, TX 78004

Amount of contribution (\$)

\$ 300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/12

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

JAMES KEETER

Contributor address: City; State; Zip Code

210 FLEY
BOELNE, TX 78006

Amount of contribution (\$)

\$ 350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/12

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

ROBERT WEBSTER

Contributor address: City; State; Zip Code

335 HWY 46 W
BOELNE, 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

2/24/12

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

WILLIAM & KATHY WILSON

Contributor address: City; State; Zip Code

39665 1410 W
BOELNE, 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: 8 of 12	
2 FILER NAME ALBERT R. AUXIER				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/24/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RUSTY MEYER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)		
6 Contributor address: City: State: Zip Code 509 EAGLE DRIVE BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROY SMITH	Amount of contribution (\$) \$940.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 19A SMISER SMITH RD BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TODD SETLIFF	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 205 CIBOLO BASIN BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/16/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JERRY KNIPPA	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code PO BOX 104 BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES CHITTM	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 10045 JOHNS RD BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 of 12	
2 FILER NAME ALBERT R. AXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/30/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAT WILSON 6 Contributor address; City; State; Zip Code 105 JACK RABBIT CIRCLE BOELWE, TX 78006	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARISA + RON ECKERT Contributor address; City; State; Zip Code 106 BIRDSONL BOELWE, TX 78006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARL + HOLLY BALDWIN Contributor address; City; State; Zip Code 208 GREYSTONE CIRCLE BOELWE, TX 78006	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIAM + JAMES STOKES Contributor address; City; State; Zip Code 230 W. NOSACK BOELWE, TX 78006	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEREK + SUSAN NAISER Contributor address; City; State; Zip Code 104 SUMMER GLN BOELWE, TX 78006	Amount of contribution (\$) \$100.00	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: <p style="text-align: center;">10 OF 12</p>	
2 FILER NAME <p style="text-align: center;">ALBERT L. AXLER</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">4/12/12</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">CRAIG + LESLIE DESMOND</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">67 RIVER CROSSING BOERNE, TX 78006</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">1/11/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">L T BIEDENHARN</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 17968 SAN ANTONIO, TX 78217</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1/27/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">JENNIFER JERMAN</p>	Amount of contribution (\$) <p style="text-align: center;">\$1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">209 LOVE TREE BOERNE, TX 78006</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1/31/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">WILLIE VALDEZ</p>	Amount of contribution (\$) <p style="text-align: center;">\$300.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 1276 HELOTES, TX 78023</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">2/16/12</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">STACI ANDREWS</p>	Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">8515 WATER OVAL SAN ANTONIO, TX 78250</p>		(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: 11 OF 12	
2 FILER NAME ALBERT R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/16/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JANE BUJNOCH 6 Contributor address; City; State; Zip Code PO BOX 1378 BOEWE, TX 78006	7 Amount of contribution (\$) \$ 500.00 (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 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRAIG ENGLEMAN Contributor address; City; State; Zip Code 15 US HWY 87 COMFORT, TX 78013	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 3/2/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RONALD TARPEY Contributor address; City; State; Zip Code PO BOX 2189 BOERNE, TX 78006	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STACI ANDREWS Contributor address; City; State; Zip Code 8515 WATER QUAIL SAN ANTONIO, TX 78250	Amount of contribution (\$) \$ 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEAN ALEXANDER Contributor address; City; State; Zip Code 1706 WATERSTONE PARKWAY BOEWE, 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)	

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:

12 OF 12

2 FILER NAME

ALBERT R. AUXIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-18-12
to
4/1/12

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

PAUL HOLICAMP

6 Contributor address; City; State; Zip Code

113 S. PLANT
BOERNE, TX 78006

7 Amount of contribution (\$)

\$2,000.00

8 In-kind contribution description (if applicable)

OFFICE
SPACE

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/24/12

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

NATHAN TAYLOR

Contributor address; City; State; Zip Code

105 BLUE HORIZON MAIL
BOERNE, TX 78006

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

KNIFE FOR
ACTION

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

ALBERT R. AXLER

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 (\$)

N/A

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

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
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 10		2 FILER NAME ALBERT R. ANXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/9/12		5 Payee name THE BOERNE STAR			
6 Amount (\$) \$ 800.00		7 Payee address; City; State; Zip Code 941 N. SCHOOL 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) NEWS PAPER AD	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/13/12		Payee name SMV TEXAS DESIGN GROUP			
Amount (\$) \$ 575.00		Payee address; City; State; Zip Code 265 N. MAIN # C 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) MAGAZINE AD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/16/12		Payee name CIRCLE H SIGNS			
Amount (\$) \$ 3,458.59		Payee address; City; State; Zip Code 113 S. PLANT 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) SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/18/12		Payee name POLONYX, LLC			
Amount (\$) \$ 425.67		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) GRAPHIC DESIGN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 10	2 FILER NAME ALBERT R. AXLER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/9/12	5 Payee name CORNER CARTEL
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6 Amount (\$) \$281.45	7 Payee address; City: State; Zip Code 265 S. MAIN BOURNE, TX 78006
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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) KOOZIES
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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 1/27/12	Payee name CENTURIONS OF KENDALL COUNTY
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Amount (\$) \$150.00	Payee address; City: State; Zip Code P.O. BOX 1741 BOEFNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) TICKETS TO CACA
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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 1/31/12	Payee name THE COMFORT NEWS
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Amount (\$) \$624.00	Payee address; City: State; Zip Code 525 SEVENTH ST. COMFORT, TX 78013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) NEWSPAPER AD.
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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 1/31/12	Payee name CISSY LEE
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Amount (\$) \$108.00	Payee address; City: State; Zip Code 3150 RIVERSIDE KENNEDVILLE, TX 78028
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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) REIMBURSEMENT
------------------------	---	--

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
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: 3 of 10		2 FILER NAME AUBREY R. AUXIER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/6/12		5 Payee name CIRCLE H SIGNS			
6 Amount (\$) \$2,315.47		7 Payee address; City; State; Zip Code 113 S. PLANT BOERNE, TX 78006			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/7/12		Payee name POLONYX LLC			
Amount (\$) \$479.04		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		Description (If travel outside of Texas, complete Schedule T) BROCHURES, NEWSPAPER ADS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/8/12		Payee name THE BOERNE STAR			
Amount (\$) \$800.00		Payee address; City; State; Zip Code 941 N. SCHOOL BOERNE, 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) NEWSPAPER AD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/14/12		Payee name BENSMAN LUMBER CO			
Amount (\$) \$167.91		Payee address; City; State; Zip Code 236 S. MAIN BOERNE, 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) SIGN SUPPLIES + OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 4 of 10	2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/13/12	5 Payee name CHILITO'S EXPRESS	
6 Amount (\$) \$346.40	7 Payee address: City: State: Zip Code 265 S. MAIN BOERNE, 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 OPEN HOUSE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/20/12	Payee name CIRCLE H SIGNS	
Amount (\$) \$2,008.04	Payee address: City: State: Zip Code 113 S. PLANT BOERNE, 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) SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/23/12	Payee name FORRES MEADOWS AUCTIONEER INC.	
Amount (\$) \$285.60	Payee address: City: State: Zip Code 437 SISTERDALE RD BOERNE, TX 78006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) AUCTION SYS.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/24/12	Payee name THE RESORT AT TAPASIO SPRINGS	
Amount (\$) \$800.00	Payee address: City: State: Zip Code 314 BLUE HERON BLVD BOERNE, TX 78006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 5 of 10	2 FILER NAME ALBERT L. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/25/12	5 Payee name BOERNE SUNRISE ROTARY CLUB	
6 Amount (\$) \$70.00	7 Payee address: City; State; Zip Code PO BOX 1311 BOERNE, TX 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) PURCHASE BOERNE STAR AD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/27/12	Payee name LEE CARLKER	
Amount (\$) \$400.00	Payee address: City; State; Zip Code PO BOX 1174 BOERNE, TX 78006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) ENTERTAINMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/29/12	Payee name BEAR ARMS	
Amount (\$) \$694.72	Payee address: City; State; Zip Code 401 BLACKEN RIDGE BOERNE, TX 78006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) GUN FOR AUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/12	Payee name SMV TEXAS DESIGN GROUP	
Amount (\$) \$575.00	Payee address: City; State; Zip Code 265 N. MAIN #C BOERNE, 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) MAGAZINE AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 6 OF 10	2 FILER NAME ALBERT L AXLER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/2/12	5 Payee name BOERNE VFD
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6 Amount (\$) \$200.00	7 Payee address; City: State: Zip Code 726 N. MAIN BOERNE, TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule T) ADVERTISING
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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 3/8/12	Payee name: BOERNE BUSINESS MONTHLY
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Amount (\$) \$550.00	Payee address; City: State: Zip Code 107 SHOOTING CLUB BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) MAGAZINE AD
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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 3/9/12	Payee name: BOERNE YOUTH ATHLETIC ASSOCIATION
----------------	--

Amount (\$) \$400.00	Payee address; City: State: Zip Code PO BOX 541 BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SOFTBALL TEAM SPONSOR
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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 3/9/12	Payee name: PANCHOS BBQ
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Amount (\$) \$242.86	Payee address; City: State: Zip Code 34 US HWY 87 COMFORT, TX 78013
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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) FOOD FOR FUNDRAISER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 7 of 10	2 FILER NAME ALBERT R. AXLER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/12/12	5 Payee name REXTON EXPRESS DISTRIBUTING	
6 Amount (\$) \$394.20	7 Payee address; City; State; Zip Code PO BOX 2404 BOERNE, TX 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING	(b) Description (If travel outside of Texas, complete Schedule T) PRINTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/12	Payee name CORNER CARTEL	
Amount (\$) \$427.59	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	Description (If travel outside of Texas, complete Schedule T) MEGLASS CLEANING CLOTHS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/12	Payee name SMU TEXAS DESIGN GROUP	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 265 N. MAIN HC BOERNE, 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) MAGAZINE AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/30/12	Payee name HILL COUNTY WEEKLY	
Amount (\$) \$328.00	Payee address; City; State; Zip Code PO BOX 1373 BOERNE, 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 AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 8 of 10	2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/30/12	5 Payee name THE BOERNE STAR
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6 Amount (\$) \$1,300.00	7 Payee address: City: State: Zip Code 941 N. SCHOOL ST BOERNE, TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) NEWSPAPER AD
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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 4/4/12	Payee name SMV TEXAS DESIGN GROUP
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Amount (\$) \$575.00	Payee address: City: State: Zip Code 265 N. MAIN #C BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) MAGAZINE AD
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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 4/4/12	Payee name BOERNE BUSINESS MONTHLY
-----------------------	--

Amount (\$) \$550.00	Payee address: City: State: Zip Code 107 SHOOTING CLUB BOERNE, 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) MAGAZINE AD
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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 4/5/12	Payee name CIRCLE H SIGNS
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Amount (\$) \$492.54	Payee address: City: State: Zip Code 113 S. PLANT BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SIGNS
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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

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: 9 of 10	2 FILER NAME ALBERT R. AXLER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/9/12	5 Payee name THE BOERNE STAR
------------------	---------------------------------

6 Amount (\$) \$2,974.00	7 Payee address: City: State: Zip Code 941 N. SCHOOL ST. BOERNE, TX 78006
-----------------------------	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/12	Payee name AUSTIN NIELSONEY
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Amount (\$) \$600.00	Payee address: City: State: Zip Code 3104 HENDERSON ROCKPORT, TX 78382
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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) AUCTION ITEM - FISHING GUIDE.
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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 VARIOUS JAN - APRIL	Payee name PACIFIC
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Amount (\$) \$103.09	Payee address: City: State: Zip Code 2211 N. FIRST ST SAN JOSE, CA 95131
-------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/12	Payee name FACE BOOK
-----------------	-------------------------

Amount (\$) \$95.03	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	Description (If travel outside of Texas, complete Schedule T) FACEBOOK ADS
------------------------	---	---

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: 10 OF 10	2 FILER NAME ALBERT R. AUXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/10/12	5 Payee name HILL COUNTRY WEEKLY
--------------------------	--

6 Amount (\$) \$46.00	7 Payee address, City, State, Zip Code PO BOX 1373 BOELNE, TX 78006
---------------------------------	--

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

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

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 (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	Payee name
------	------------

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 (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	Payee name
------	------------

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 (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	Payee name
------	------------

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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: 1 of 5		2 FILER NAME A. HEAT R. MAXWELL		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/6/12		5 Payee name ACCU-PRINT			
6 Amount (\$) \$180.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3503 CROSSPOINT SAN ANTONIO, TX 78217			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (if travel outside of Texas, complete Schedule T) BUTTONS	
Date 1/24/12		Payee name CONSTANT CONTACT			
Amount (\$) \$37.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 TRAPEZOID RD #329 WALTHAM, MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (if travel outside of Texas, complete Schedule T) ADVERTISING	
Date 2/17/12		Payee name WILMARE			
Amount (\$) \$95.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1381 S. WYMAN BOERNE, TX 78006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXP		Description (if travel outside of Texas, complete Schedule T) BIRD HOUSES FOR ACTION	
Date 3/30/12		Payee name COSTCO			
Amount (\$) \$46.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5611 UTSA BLVD SAN ANTONIO, TX 78249			
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 MEET + CREDIT	

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: 2 of 5	2 FILER NAME ALEXIS R. ANXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/30/12	5 Payee name SAM'S CLUB
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6 Amount (\$) \$101.87 <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	(b) Description (If travel outside of Texas, complete Schedule T) FOR MEET + CLUBS
---------------------------------	---	---

Date 3/30/12	Payee name HEB
-----------------	-------------------

Amount (\$) \$10.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 420 W BANDERA 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 MEET + CLUBS
------------------------	---	---

Date 3/29/12	Payee name HEB
-----------------	-------------------

Amount (\$) \$26.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 420 W. BANDERA BOELWE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/B	Description (If travel outside of Texas, complete Schedule T) FOR MEET + CLUBS
------------------------	--	---

Date 3/29/12	Payee name D+B LIQUORS
-----------------	---------------------------

Amount (\$) \$45.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1433 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 MEET + CLUBS
------------------------	---	---

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 | 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 G: 3 OF 5	2 FILER NAME ALBERT L. AXLER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/10/12	5 Payee name WALMART
--------------------------	--------------------------------

6 Amount (\$) \$110.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City: State: Zip Code 1381 S. MAIN BOERNE, TX 78006
---	--

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

Date 4/13/12	Payee name WALMART
------------------------	------------------------------

Amount (\$) \$35.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1381 S. MAIN BOERNE, TX 78006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP	Description (If travel outside of Texas, complete Schedule T) SUPPLIES
-------------------------------	--	--

Date 4/13/12	Payee name WALMART
------------------------	------------------------------

Amount (\$) \$64.26 <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) EVENT EXP	Description (If travel outside of Texas, complete Schedule T) SUPPLIES
-------------------------------	--	--

Date 4/13/12	Payee name SAM'S CLUB
------------------------	---------------------------------

Amount (\$) \$251.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 5565 DE ZAVILA SAN ANTONIO, TX 78249
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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) FOR MEET + GREET
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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: 4 of 5		2 FILER NAME ALIST R. NIXIE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/13/12		5 Payee name HEB			
6 Amount (\$) \$27.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State; Zip Code 420 W. BANDERA DOWNEY, 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) FOR MEET + GREET	
Date 4/17/12		Payee name WELMART			
Amount (\$) \$83.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State; Zip Code 1381 S. MAIN DOWNEY, TX 78006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING		Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES	
Date 4/20/12		Payee name STARS CLUB			
Amount (\$) \$335.47 <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		Description (If travel outside of Texas, complete Schedule T) FOR MEET + GREET	
Date 4/13/12		Payee name STAM PAPER + ENVELOPE			
Amount (\$) \$113.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State; Zip Code 185 LEBLANC AVENUE NORTH WARE, NJ 07647			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE		Description (If travel outside of Texas, complete Schedule T) PAPER + ENVELOPES	

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 OF 5	2 FILER NAME ALBERT R. AXIER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/7/12	5 Payee name CONSTANT CONTACT
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6 Amount (\$) \$37.89 <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 EXP	(b) Description (If travel outside of Texas, complete Schedule T) ADVERTISING
--------------------------	--	---

Date 3/24/12	Payee name CONSTANT CONTACT
------------------------	---------------------------------------

Amount (\$) \$37.31 <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 EXP	Description (If travel outside of Texas, complete Schedule T) ADVERTISING
------------------------	--	---

Date	Payee name
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Amount (\$) 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 (\$) 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. AVILA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 BUSINESS NAME N/A
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6 Amount (\$)	7 Business address; City; State; Zip Code
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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: 1	2 FILER NAME ALBERT P. AXMIN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/15	5 Payee name HILL COUNTY DAILY BREAD MINISTRIES
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6 Amount (\$) \$200.00	7 Payee address: City, State, Zip Code 140 INDUSTRIAL DRIVE BOEYNE, TX 78006
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (See instructions regarding type of information required.) DONATION
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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.)
------------------------	--	--

Date	Payee name
------	------------

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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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: 1

2 FILER NAME

ALBERT R. ANXIER

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.

2 FILER NAME

Albert R. Axler

1 Total pages Schedule T: *1*

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

3 ACCOUNT # (Ethics Commission Filers)

5 Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C *N/A*
- 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

14/05