CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME NICKNAME LAST SUFFIX Jr. 4 CANDIDATE / OFFICEHOLDER NAME NICKNAME Burks Jr. 4 CANDIDATE / OFFICEHOLDER OFFICEHOLDER OFFICEHOLDER MAILING ADDRESS / PO BOX: APT/SUITE #: CITY: OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE / OFFICEHOLDER PHONE OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME Levi NAME NICKNAME APT/SUITE #: CITY: STATE: ZIP CODE APT/SUITE #: CITY: STATE: ZIP CODE TREASURER APT/SUITE #: CITY: STATE: ZIP CODE TREASURER APT/SUITE #: CITY: STATE: ZIP CODE
OFFICEHOLDER NAME Andrew NICKNAME LAST Burks Jr. 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: Change of address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME ADDRESS (No PO Box Please): AREA CODE LAST Burks Jr. APT/SUITE #; CITY; STATE; ZIP CODE Date Hand-delivered or Date Postmarked Date Hand-delivered or Date Postmarked Date Hand-delivered or Date Postmarked AREA CODE PHONE NUMBER EXTENSION Receipt # Amount Date Processed Date Imaged TOTAL STATE; ZIP CODE TREASURER NAME APT/SUITE #; CITY; STATE; ZIP CODE TREASURER APT/SUITE #; CITY; STATE; ZIP CODE
NAME NICKNAME LAST SUFFIX
Burks Jr. 4 CANDIDATE / OFFICEHOLDER 5606 Beldart St MAILING ADDRESS Houston TX 77033 Change of address 5 CANDIDATE / OFFICEHOLDER (832) 752-1723 PHONE 6 CAMPAIGN MS/MRS/MR FIRST MI Receipt # Amount TREASURER Levi Date Processed NAME NICKNAME LAST SUFFIX Date Imaged TREASURER STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE APT/SUITE #; CITY; STATE; ZIP CODE
ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER MAILING ADDRESS Houston TX 77033 Change of address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER EXTENSION OFFICEHOLDER PHONE NUMBER EXTENSION 6 CAMPAIGN MS/MRS/MR FIRST MI Receipt # Amount TREASURER Levi Date Processed NAME NICKNAME LAST SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE APT/SUITE #; CITY; STATE; ZIP CODE
OFFICEHOLDER MAILING ADDRESS
MAILING ADDRESS
ADDRESS Change of address
Change of address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME STREET ADDRESS (No PO Box Please); AREA CODE PHONE NUMBER EXTENSION Receipt # Amount Date Processed Date Imaged Date Imaged STATE; ZIP CODE TREASURER AREA CODE PHONE NUMBER EXTENSION APT/SUITE #; CITY; STATE; ZIP CODE TREASURER 3417 Milam
5 CANDIDATE / OFFICEHOLDER (832) 752-1723 PHONE 6 CAMPAIGN TREASURER NAME NICKNAME AREA CODE PHONE NUMBER EXTENSION MI Receipt # Amount Date Processed Date Processed Date Imaged TREASURER APT/SUITE #; CITY; STATE; ZIP CODE TREASURER 3417 Milam
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME Last Benton STREET ADDRESS (No PO Box Please); TREASURER Amount Date Processed Date Imaged Date Imaged APT/SUITE#; CITY; STATE; ZIP CODE TREASURER 3417 Milam
PHONE 6 CAMPAIGN TREASURER NAME NICKNAME Levi Date Processed Date Imaged TREASURER Benton 7 CAMPAIGN TREASURER TREASURER SUFFIX Date Imaged Date Imaged Date Imaged Date Imaged APT/SUITE#; Date Imaged
6 CAMPAIGN TREASURER NAME NICKNAME Levi NICKNAME LAST Benton TREASURER Benton STREET ADDRESS (No PO Box Please); TREASURER 3417 Milam Receipt # Amount Date Processed Date Imaged CITY; STATE; ZIP CODE
TREASURER NAME NICKNAME LAST Benton TOUTH TREASURER NICKNAME LAST Benton TOUTH TREASURER ATTIOUTIL Date Processed Date Imaged Date Imaged TOUTH TO
NAME NICKNAME LAST SUFFIX Date Imaged Benton 7 CAMPAIGN STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE TREASURER 3417 Milam
Benton 7 CAMPAIGN STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE TREASURER 3417 Milam
7 CAMPAIGN STREET ADDRESS (No PO Box Please): APT/SUITE #; CITY; STATE; ZIP CODE TREASURER 3417 Milam
TREASURER 3417 Milam
ADDDECO
ADDRESS
(Resident or business) Houston TX 77002
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION
TREASURER PHONE (713) 521-1717
January 15 30th day before election Final repport (Attach C/OH - FR) Exceeded \$500 limit 9 REPORT TYPE
July 15 X 8th day before election Runoff 15th day after campaign treasurer appointment(officeholder or
10 PERIOD Month Day Year Month Day Year
COVERED 9/24/2015 THROUGH 10/26/2015
11 ELECTION ELECTION DATE ELECTION TYPE
Month Day Year
11/3/2015
12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Andre	w C. Burks		15 Filer ID (Ethics Com	nmission Filers)
	expenditures may have	f political contributions accepted or political expenditures me been made without the candidate's or officeholder's know receive notice of such expenditures.		
16 NOTICE FROM	COMMITTEE TYPE	COMMITTEE NAME		
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)	🖰			
. ,	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 OR LESS (C NS, OR GUARANTEES OF LOANS), UNLE		\$
TOTALS	. === 0=0, =07.	,,		Φ
	2 TOTAL POLITIC	CAL CONTRIBUTIONS		\$2,250.00
	(OTHER THAN	PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	42,200.00
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, U	INLESS ITEMIZED	
TOTALS				\$504.38
	4 TOTAL POLITIC	CAL EXPENDITURES		
				\$2,651.38
CONTRIBUTION	5 TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY	
BALANCE	OF REPORTING	PERIOD		\$216.79
OUTSTANDING LOAN	6 TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOA	ANS AS OF THE	
TOTALS	LAST DAY OF T	HE REPORTING PERIOD		\$
18 AFFIDAVIT				
			rm, under penalty of perjury, thand correct and includes all info	
			e under Title 15, Election Code	
			Andrew C. Burks	Jr
			Signature of Candidate or	Officeholder
AFFIX NOT STAMP / SE	EAL ABOVE		J	
		d	this the	day
	•	, to certify which, witness my ha		
or	, 20	, to sortiny willon, without my ne	and and scar of office.	
Signature of officer admi-	nistering oath	Print name of officer administering o	ath Title of officer	administering oath
Signature of officer admi	motering valli	Finit name of officer auministering o	au ille di dilicei	auministening valin

SU	JΒ	TOTALS - COH	FORM C/OH
			COVER SHEET PG 3
19 F	FIL	ER NAME Andrew C. Burks	20 Filer ID (Ethics Commission Filers)
21	S	CHEDULE SUBTOTALS	SUBTOTAL
	Ν	AME OF SCHEDULE	AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.		SCHEDULE E: LOANS	
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	IS
8.		SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE	ETURNED TO FILER

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH ADDENDUM

C/OH NAME Andrew C. Burks

ACCOUNT # (Ethics Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
The Instruction Guide explains how to complete this form.				1 Total Pages Schedule A1:	
2 F	FILER NAME	Andrew C. Burks			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Robert Tijernia	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/7/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77059	600.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor Alvis Prince	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/5/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77085	150.00
8	Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)		I ctions)	
4	Date	5 Full name of contributor Norman Jolly	out of state	PAC(ID#)	7 Amount of contributions (\$)
	10/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007	1500
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
2 FILER NAME Andrew C. Burks	3 Filer ID (Ethics Commission filers)
Attornery	
ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide	e for additional reporting requirements

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	The Instruction Guide exp	plains how to complete this form.		
1 Total pages Schedule F1:	² FILER NAME Andrew C. Burk	s	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
10/12/2015	IPrintFlyers			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
275.00	8202 Cullen Blvd			
	Houston TX 77051			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Tex	as, complete Schedule T	
		Check if Austin, TX, officehole	der living expense	
	Printing Expense	Push Cards		
9 Complete ONLY if direct	Candidate / Officehoder name office sought office held			
expendituree to benefit C/OH	Andrew C. Durke In City Council At Laure Besition C			
	Andrew C. Burks, Jr	City Council - At Large Position 2		
4 Date	5 Payee name			
10/12/2015	D-Mars			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
285.00	7322 Southwest Freeway, 805	5		
	Houston TX 77074			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Tex	as, complete Schedule T	
		Check if Austin, TX, officehole	der living expense	
	Advertising Expense			
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought offi	ice held	
expendituree to benefit C/OH				
	Andrew C. Burks, Jr	City Council - At Large Position 2		
4 Date	5 Payee name			
10/14/2015	D-Mars			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
285.00	7322 Southwest Freeway, 805	5		
	Houston TX 77074			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Andrew C. Burks Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH Andrew C. Burks, Jr City Council - At Large Position 2 4 Date 5 Payee name 10/16/2015 Monica Duplechain 7 Payee address; 6 Amount (\$) Zip Code City; State; 700.00 3430 Sparrow Houston TX 77051 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor

office sought

City Council - At Large Position 2

9 Complete ONLY if direct

expendituree to benefit C/OH

Candidate / Officehoder name

Andrew C. Burks, Jr

office held

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Andrew C. Burks 4 Date 5 Payee name 10/19/2015 **IPrintFlyers 6** Amount (\$) 7 Payee address; State: Zip Code City; 350.00 8202 Cullen Blvd Houston TX 77033 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Push Cards Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Andrew C. Burks, Jr City Council - At Large Position 2 4 Date 5 Payee name 9/28/2015 Nora Abram 7 Payee address; 6 Amount (\$) City; State; Zip Code 5626 Beldart 252.00 Houston TX 77033 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Council - At Large Position 2

Andrew C. Burks, Jr