CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The CION Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
THE CON INSTRUCTION	outur explains now to complete this form.	00000001	15	
3 CANDIDATE /	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY	
OFFICEHOLDER NAME	Ann		Date Received	
IVAIVIE	NICKNAME LAST	SUFFIX	·	
	KITCHEN			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	2401 BRIARGROVE		Date Hand-delivered or Postmarked	
change of address	AUSTIN, TEXAS 7870	> ∀	Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(514 228-1645		Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST KEN	MI	Date Imaged	
NAME	NICKNAME LAST	SUFFIX	· ·L	
	CRAIG		AU .	
			<u> </u>	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE#;	CITY; STATE;		
ADDRESS	4138 3	irocco Drive		
(residence or business)	Ausm -	TX 78745	CITY:	
	1,000115	10110	CEIVED S AM 11 C	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	<u></u>	
TREASURER	(512) 626-8843		1 (
PHONE	101-1 400 0015		S	
			·	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
			treasurer appointment (officeholderonly)	
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		IIMII		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	10/26/2014 THROUGH	17/31	/2014	
	, , , , , , , , , , , , , , , , , , ,	72 01	, 5-517	
11 ELECTION	ELECTION DATE ELECTION TYPE	· · · · · · · · · · · · · · · · · · ·	-	
11 222011014	Month Day Year Primary	Runoff X	General Special	
	11/ 4/2014		Q 0444	
	1	43. 055105.0001017.00		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	г	
		City Co	WCIL, DISTRICT 5.	
	GO TO PAG			
GO IO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	tun Kirz				OUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM 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				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TR	REASURER NAME		
additional pages		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
17 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER NTEES OF LOANS), UNLESS IT		\$ 0.00
,		POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOAN	IS)	\$2,950 %
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITUR	RES OF \$100 OR LESS, UNLESS	SITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPEND	ITURES		\$19,319,06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,859,49				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOANS AS PERIOD	S OF THE	\$43,200.00
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. CAMERON G BENNETT Notary Public STATE OF TEXAS My Comm. Exp. April 8, 2017 Signature of Candidate or Officeholder					
AFFIX NOTARY STAM Sworn to and subs		me, by the said _	Ann Kitchen		, this the
15 day	or January	, 20 <u> </u>	, to certify which, witne	ess my har	nd and seal of office.
Signature of officer admi	nistering cath	Printed name of	SenneTT officer administering oath	√ t	le of officer administering oath
			Ť		J

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	ANN KITCHEN		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:	4.955	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/29/14	DAVID AND CHERYL AR 6 Contributor address; City; State; Zip Code 2807 RECENTS PARK	MERRASI	\$50.00	
	AUSTIN, TX 7874	0	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	Dation / Job title (See Instructions) NEY / PSYCHOLOGIST	10 Employer (See I	nstructions) 「	/ SELF
Date	Full name of contributor out-of-state PAC (ID#_ ROBBIS AND TOM AUSLS	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/1/14	Contributor address; City; State; Zip Code 3707 LAUREL LEDGE LA	NE	\$100.00	
	AUSTIN, TX 78731		(If travel outside o	of Texas, complete Schedule T)
	Dation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3/14	l 		\$50.00	
	AUSTIN, TX 78749		(If travel outside	of Texas, complete Schedule T)
	nation / Job title (See Instructions) MMUNITY AFFAIRS	Employer (See I	nstructions) EOFTEX	AS
Date	Full name of contributor 🗆 out-of-state PAC (ID#:_ PETER CESARO		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/14	Contributor address; City; State; Zip Code 54 RAINEY ST. APT	713	\$25.00	
	AUSTIN, TX 78701		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions))HM	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/14	GEORGE COFER Contributor address: City: State: Zip Code 3306 GENTRY DR ROLLING WOOD, TX 79	, , , , , , , , , , ,	\$25.00	!
	ROLLINGWOOD, TX 79	3746	(If travel outside o	of Texas, complete Schedule T)
· ·	pation / Job title (See Instructions) SCUTIVE DIRECTOR	Employer (See II HILL COU	_	SERVANCY
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

	·			
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A: 4	
2 FILER NAME	ANN KITCHEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of 8 In-kind contribution (\$) description (if appli	
11/4/14	LAWRENCE COUNS 6 Contributor address; City; State; Zip Code 2017 TIMOTSON AVE		\$350.0d	Cable
	AUSTIN, TX 78702		(If travel outside of Texas, complete Schedu	ıle T)
	pation / Job title (See Instructions) GON'T RELATIONS	10 Employer (See I	Instructions)	
Date	Full name of contributor Oul-of-state PAC (ID#_ SAN FRUEHLING		Amount of In-kind contribution (\$) description (if applied	
10/27/14	TIOS PACK SADDUE PA	ıss	\$1∞.∞	
	AUSTIN, TX 78745		(If travel outside of Texas, complete Schedu	le T)
Principal occur	pation / Job title (See Instructions) PRAISER	Employer (See I S え		
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of In-kind contribution contribution (\$) description (if applied	
10/27/14	31LL HEAD Contributor address; City; State; Zip Code 1104 ENFIELD RD.		\$100,00	
	AUSTIN, TX 78703		(If travel outside of Texas, complete Schedu	ıle T)
	pation / Job title (See Instructions) ET(RED	Employer (See In PETIRE)		
Date	Full name of contributor		Amount of In-kind contribution (\$) description (if applied \$50,00	
	903 BLMEBONNET LN AUSTIN, TX 78704	1		
	pation / Job title (See Instructions)	Employer (See I		ile I)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution	
11/3/14	PAMELA MADERE Contributor address; City; State; Zip Code 4207 BENNEDICT LN		contribution (\$) description (if applie	cable)
	AUSTIN, TX 78746		(If travel outside of Texas, complete Schedu	de T)
	pation / Job title (See Instructions)	Employer (See In		
	DIRECTOR	UN13) KU37	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Com	imission P.O. Box 12070 Austin, Tex	as 78/11-20/0	(512) 463-5800	(100 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: H
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
A	NN KITCHEN		0000	coo
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	CHARLIE MADERE		contribution (\$)	description (if applicable)
11/3/14	6 Contributor address; City; State: Zip Code 4207 BENNEDICT LN		\$25.00	
į	Ausrin, TX 78746		,	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	·	
Ca	NSULTANT	7,440	<u>Sraphy</u>	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 ,	BRAD SEIDEL		00111110011071 (4)	
1) 1/14	Contributor address; City; State; Zip Code		£ 200 -	
	6 HEDGE LANE		\$ 350.00	
	AUSTIN, TX 78746		(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Em <u>pl</u> oyer (See i	nstructions)	
. ,	ATTORNEY	521056	LAW FIRM	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	RICHARD AND ALISON SI	1715	contribution (\$)	description (if applicable)
سا مامد			1	Í
10/30/14	100 CONGRESS ANE STE	130n	\$50.00	i
		. 1,000		,
	AUSTIN, TX 78701			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See 1		D N. 1
	HTORNEY	TRMOR	12 AND B	i
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1	JACK TATE			
11/3/14	Contributor address; City; State; Zip Code		dimm	
'' '	5220 SCARBORDUCH L	7	\$ 100,00	
	DALLAS, TX 75287			1
	<u> </u>	Employer (See I		of Texas, complete Schedule T)
	pation / Job title (See Instructions) WANAGEMENT MANAGEMENT	SCARBOLE	4	DEVELORMENT
	,	CHEPUL		1
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 1 1.	DAVID WARNER			
10/28/14	Contributor address; City; State; Zip Code		\$50,00	
' '	Contributor address; City; State; Zip Code 5701 TRAILRIDGE DR		430,00	
	AUSTIN, TX 78731		(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	<u></u>
	PROFISSOR	MUINE	rsmy of	T) 8x45
			ı	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS	(312) 403-3600	SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	IN KITCHEN		3 ACCOUNT # (E	ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/1/14	KRISTIZ ZAMRAZIL 6 Contributor address; City; State; Zip Code 1819 PIED MONT AVE		\$50,00	}
	AUSTIN, TX 78757		<u> </u>	of Texas, complete Schedule T)
1 1 1	pation / Job title (See Instructions) THE CARE CONSULTANT	10 Employer (See SzLF		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3/14	Contributor address; City; State: Zip Code 8404 INDIAN HIWS PR	۷.	\$ 350,00	
	OMAHA, NEBRASKA (B114	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/1/14	TRONWORKERS STATE CO Contributor address; City; State; Zip Code 3063 DAWN PR 3T2		\$350,00	
	GEORGETOWN TX 786	29	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/1/14	Contributor address; City; State; Zip Code 501 3rd St. NW		\$350 a	<u>}</u>
•	WASHINGTON, DC 20001	1-2760	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/30/14	NATIONAL ASSU OF SOLAR Contributor address; City: State: Zip Code 810 W. 14th St. AUSTWITH 78701	L WOLKERS PAC	\$250,00	
	AUSTW/TX 78701		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	ANN KITCHEN		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	→	⇒ \$
5 Date of loan	7 Name of lender [AHN KITCHEN	out-of-state PAC (ID#:	9 Loan Amount (\$) \$3,000
6 Islender a financial Institution?	2401 BRIAR GROYE		10 Interest rate C 11 Maturity date
Y (N)	AUSTIN, TX 787	04	12/31/14
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were	e deposited into political account
🔀 none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code 20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
Date of loan	Name of lender		Loan Amount (\$)
10/31/14	HAN KITCHEN] out-of-state PAC (ID#:	\$2,000,00
Is lender a financial Institution?	Lender address; City; State; 2401 BRARGROYC	Zìp Code	Interest rate
Y (N)	Austw, TR 7870	4	Maturity date 12月31月
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	.
Description of Colli	ateral	Check if personal funds were	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	<u> </u>
Principal Occupation (See Instructions) Employer (See Instructions)			
If ien	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see insti	ES OF THIS SCHEDULE AS NEE	

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	• •	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	• 1	
Consulting Expense Event Expense			
Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R		
1 003	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
(C)	٠, ١		
<u>&</u>	HAN KITCHEN	000000	
4 Date	5 Payee name		
10/27/14	POWER OF TWO PROMUT	1005	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
6 1-	9901 BRODIZ LANG, AL	11 Tanua	
P344.93	9901 BRODIE LANG, AL	(SIN) IX (OTTO	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Dougestand	TSHIRTS	
EXPENDITURE	HOVERTIDING	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C			
· · · · · · · · · · · · · · · · · · ·			
Date	Payee name		
10 27 14	OFFICE MAX		
Amount (\$)	Payee address; City; State; Zip Code		
\$465.81	907 W. 5th, Ausny, T	× 78703	
-) 100701	10 1 4.014 11100113	, , , , , , , , , , , , , , , , , , ,	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	1-50 - 1-1-2	PRINTING	
EXPENDITURE	OFFICE OVERHEAD	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	DH		
Date .	Payee name		
المحاصا	GER I Dra-		
10/2/19	UHACE (1210)		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 1178.03	2101 S. LAMAR, AUSTN	TX 78704	
47 11 10.03	CIOI O. LAMME, MUSIN	77 10101	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF		PRINTING	
EXPENDITURE	OFFICE CUEILHEAD	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	н		
Dete	Davis		
Date	Payee name		
10/29/14	OFFICE DEPOT		
Amount (\$)	Payee address; City; State; Zip Code		
م میں سے ما		Ty 780011	
#714,97	2101 S. LAMAR, AUSTIN,	12 10104	
01100000	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	DECLE DIM NO	PRINTING	
EXPENDITURE	OFFICE OVERHEAD	Check if Austin, TX, officeholder living expense	
Complete ONLY if disease	Candidate / Officeholder name	Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		- Indo Hold	
,			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travet In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	Intract Labor Loan Repayment/Reimbursement Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)	
	The instruction duite explains now to	complete this form:	
1 Total pages Schedule F:	2 FILERNAME HNN KITCHEN	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10 29 14	5 Payee name OFFICE MAX		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
₹76.37	907 W. Sth, AUSTW, TX	78703	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	OFFICE OVERHEAD	PRIMING Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 0 24 14 Amount (\$)	Payee name UNITED STATES POST DEFI Payee address; City; State; Zip Code	CE	
\$ 1,274.00 3903 S. CONGRESS, AUSTIN TX 78704			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF		POSTAGE	
EXPENDITURE	OFFICE OVER-YEAD		
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
1 1-1.	,		
10/30/14	OFFICE DEPOT		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 154.79	2101 S. LAMAR, AUSTIN	TX 78704	
D. (DDAA-	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF		_ PRINTIAG	
EXPENDITURE	OPPICE OVERHEAD	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1 .			
10 30 14	OFFICE MAX		
Amount (\$)	Payee address; City: State; Zip Code	i	
\$ 52.64	907 W. STU, AUSTN	TX 78703	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) PRINTING	
EXPENDITURE	OFFICE OVERLIFEAD	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contra	act Labor Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundraising			
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/Renta	al Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to con	nplete this form.		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
$ \mathcal{L} $	ANN KITCHEN	000000 l		
4 Date	5 Payee name			
	- · · · · · .			
10 31 14	KRISTIN FINE			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3217,34	2464 BURY DAK DR, A	USTH 78745		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b)	Description (If travel outside of Texas, complete Schedule T)		
OF	1	SALARM		
EXPENDITURE	SALARY, WAGES, CONTRACT LABOR	_		
	LABUL	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C	DH .	-		
Date	Payee name			
10/31/14	ANDREW HARDWICK			
Amount (\$)	Payee address; City; State; Zip Code			
x lauc no	20-11 D (- 1- 10-2	~ 1.50 TO 7070C		
\$1945.08	2804 RIO GRANDE, APT 2	03, MU311N JX 10705		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF	Carana Dares Carana - 1 1800	SALARZY		
EXPENDITURE	SALARY, WALES, CONTRACT LABOR	Check if Austin, TX, officeholder living expense		
Complete ONIX it disease	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/O		Olino tought		
Oxponancio to donom ord				
Date	Payee name			
10/31/14	MACKENZIA STZGAR			
Amount (\$)	MACKENZIZ STZGAR Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City; State; Zip Code			
\$686.00 350 NORTH ST # 1406A, SAN MARCOS TX 78666				
4 600,00	000 NOBA 01 4 1706A, 04	1111,205		
- 11 .	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE		4)AGES		
OF EXPENDITURE	SALARY, WAGES, CONTRACT	Check if Austin, TX, officeholder living expense		
	LH DIX			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C	/n			
Date ;	Payee name			
11/2/11/1	Conse Donne			
11/0/19	GRACE ROBULSON			
Amount (\$)	Payee address; City; State; Zip Code	ا بنیت سخم این		
\$679.00	4404 ZAST OLTORF AP	+ 16303, Ausna 78741		
461100	7704 400 06104 14			
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE				
OF	JALARY, WAGES, CONTRACTORY	WAGES		
EXPENDITURE	LABOR	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
	expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCI	JEDUN E AS NEEDED		

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ontract Labor Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundra	• • • • • • • • • • • • • • • • • • • •	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By rict Candidate/Officeholder/Political Committee	
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R		
7003	The Instruction Guide explains how to	, , , , , , , , , , , , , , , , , , , ,	
4.7.1	·	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
<u>\</u>	ANN KITCHEN		
4 Date	5 Payee name		
10/31/14	ANDREW HARDWICK 7 Paves address: City: State: Zin Code		
6 Amount (\$)	, raybo Badress, Sity, Sittle: Zip Godo		
\$1612.94	2804 RIOGRANDE APT	203, AUSTA TX 78705	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	SALARY, WALES, CONTRACT	SALARY	
EXPENDITURE	SALTRY, MAGES, CLATTER LABOR	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	ЭН	•	
Date	Payee name		
10/01/14	(JNI		
Amount (\$)	Payee address; City; State; Zip Code		
1 2	P.O. BOX 685008, AUST	NTX 78168	
92000.00	1.0.00		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)	
OF	1	GENERAL CONSULTING	
EXPENDITURE	CONSULTING EXPENSE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	PH .		
Date	Payee name	,	
11/3/14	SAGE PAY MENT South Payee address; City; State; Zip Code	10NS	
Amount (\$)	Payee address; Čity; State; Zip Code	_	
\$368,99 1750 OLD MEADOW RD #300, McCISAN VA 22102			
4766,97	1,120 OCD IMENDOS UN	Jac , in coccan fin axio L	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	 	CREDIT CARD FESS	
EXPENDITURE	- 22 5	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	Н		
Date	Payer pare		
Date 1) j	Payee name		
11 3 14	Office DEPOT		
Amount (\$)	Payee address; City; State; Zip Code		
A 1	2) 01 < / N.	15. 707a.	
\$ 100.65	2101 S. LAMAR, AUST	WTX 78704	
	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)	
PURPOSE OF		OFFICE SUPPLIES	
EXPENDITURE	OFFICE ONERHEAD	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/0		J	
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	ontract Labor aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
\$	FINN KITCHEN	(Debbero)
4 Date	5 Payee name	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11/5/14	REP'S PORCH	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$853,86	3508 S. LAMAR, Aus	TX 78704
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas; complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 11 7 14	Payee name HDP DZNZ	
Amount (\$)	Payee address; City; State; Zip Code	
¥73,55	GNE ADPDRIVE AL	1605TA, EA 30909
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FEES	PAYRAU FEES Check if Alustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
11/7/14 Amount (\$)	HNDRW HARDWICK Payee address: City: State: Zip Code	
\$75,00		203, AUSTWTX 78705
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
1) Junius	A-T3T	
Amount (\$)	Payee address; City; State; Zip Code	
\$72.96		MA 6A 30353
DUE-22-	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	OFFICE CLERLYRAD	CSLL PHOX Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related 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:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)			
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4 Date	5 Payee name			
(1)[12]14	T Payee address: City: State: Zip Code			
Amount (\$)	Λ			
\$ 2112.25	2804 RIO GRANDE APT 203, AUSIN TX 78705			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	SALARY, WAGES, CONTRACT LABOR Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
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Date	Payee name			
11/14/14	MAKKENZIS STZGAR			
Amount (\$)	Payee address; City; State; Zip Code			
\$276,50	200 6/200 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7 - 101	350 NORTH ST # 1406 A, SAN MARCUS TX 78666			
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	SALARY, WASS, CONTRACT WASS. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/O	н			
Date	Payee name			
11/14/14	KRISTIN FINE			
Amount (\$)	Payee address; City; State; Zip Code			
40.	ALTO BE MAN TO THE			
400	2404 BURLY OAK DR, AUSW TX 78745			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	SALARY, WACES, CONTRACT LABOR Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
11/18/14	INFOCUS CAMPAIGN			
Amount (\$)	Payee address; City; State; Zip Code			
45/0,23	P.O.BOX 10726, FORT WORN TX 76114			
5115-5-5	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF EXPENDITURE	SOLICITATION / FUNDATION Check If Austin, TX, office holder living expense			
Complete ONLY if direct Candidate / Office holder name Office sought Office held				
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		an Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense Travel In District		ntributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R	Rental Expense OT	HER (enter a category not listed above)	
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11/1/11/	ADOBE MSTEMS 7 Payee address; City. State; Zip Code			
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421.64	345 PARK AVZ, SAN JOSZ CA 95110			
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	l ' '	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	AFRICA DUCK HAAR	SOPT h	AK-Z	
EXPENDITURE	OFFICE OVERHEAD	Check if Austin	n, TX, officeholder living expense	
	Candidate / Office halder name	Office cought	Office held	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Onice field	
expenditure to benefit C/C	·n			
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17/11/14	SAGZ PAYMENT SOLU Payee address; City; State; Zip Code	LTIONS		
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J 141.20	1750 OLD MEADOW RD #3	soo McCla	W VA 22102	
7 7 7 7 7 7 7 7 7	170 Cap Marion			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	evel outside of Texas, complete Schedule T)	
OF		CREDI	T CARD FEEL	
EXPENDITURE	1-221		•	
		Cneck if Austir	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	н			
Date	Payee name			
12/9/14	4731			
Amount (S)				
Amount (a)	Payee address: City: State: Zin Code			
	Payee address; City; State; Zip Code			
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\$65,33	P.G. BOX 537104, ATLAN	ra Ga 3		
PURPOSE		Description (If tra	avel outside of Texas, complete Schedule ₹)	
PURPOSE OF	P.G. Box 537104, ATLAN Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T) LL PHONE	
PURPOSE	P.G. BOX 537104, ATLAN	Description (If tra	avel outside of Texas, complete Schedule ₹)	
PURPOSE OF EXPENDITURE	P.G. Box 537104, ATLAN Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T) LL PHONE	
PURPOSE OF	P.O.Box 537104, APLAW Category (See categories listed at the top of this schedule) OFACE OVERWAD Candidate / Officeholder name	Description (if tr	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct	P.O.Box 537104, APLAW Category (See categories listed at the top of this schedule) OFACE OVERWAD Candidate / Officeholder name	Description (if tr	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct	P.O.Box 537104, APLAW Category (See categories listed at the top of this schedule) OFACE OVERWAD Candidate / Officeholder name	Description (if tr	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	P.O.Box 537104, ATLAN Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H	Description (if tr	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	P.O.Box 537104, ATLAN Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H	Description (if tr	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	P.O.Box 537104, ATLAN Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name	Description (if tr	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$)	P.O.Box 537104, ATLAN Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H Payee name ADOBE SYSTEMS Payee address; City; State; Zip Code	Description (If the CS Check if Austin Office sought	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense Office held	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	P.O.Box 537104, ATLAN Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H Payee name ADOBE SYSTEMS Payee address; City; State; Zip Code	Description (If the CS Check if Austin Office sought	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense Office held	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$)	P.G. Box 537104, ATLAM Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H Payee name ADOBE SYSTEMS Payee address; City; State; Zip Code 345 PARK AVE, SAN	Description (If the Company of the C	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense Office held	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 12/17/14 Amount (\$) \$21.64	P.O.Box 537104, ATLAN Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H Payee name ADOBE SYSTEMS Payee address; City; State; Zip Code	Description (If tr	avel outside of Texas, complete Schedule T) LL PHONE n, TX, officeholder living expense Office held 95110 avel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$)	P.G. Box 537104, ATLAM Category (See categories listed at the top of this schedule) CAMCE OVERHEAD Candidate / Officeholder name H Payee name ADOBE SYSTEMS Payee address; City: State: Zip Code 345 PARK AVE, SAW C Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T) LL PHONE n, TX, officeholder living expense Office held 95110 avel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 12/17/14 Amount (\$) PURPOSE	P.G. Box 537104, ATLAM Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name H Payee name ADOBE SYSTEMS Payee address; City; State; Zip Code 345 PARK AVE, SAN	Description (If tr. CE Check if Austin Office sought	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense Office held	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE	P.O. Box 537104, ATLAM Category (See categories listed at the top of this schedule) OMCS OVERHEAD Candidate / Officeholder name H Payee name ADOBS SYSTEMS Payee address; City: State: Zip Code 345 PARK AVE, SAW C Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If tr. Check if Austin Office sought Description (If tr. Check if Austin	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense Office held 95110 avel outside of Texas, complete Schedule T) FT WARS 1, TX, officeholder living expense	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	P.O. Box 537104, ATLAM Category (See categories listed at the top of this schedule) OMCS OVERHAD Candidate / Officeholder name H Payee name ADOBS SYSTEMS Payee address; City: State: Zip Code 345 PARK AVE, SAW C Category (See categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Officeholder name	Description (If tr. CE Check if Austin Office sought	avel outside of Texas, complete Schedule T) LL PHONE 1, TX, officeholder living expense Office held 95110 avel outside of Texas, complete Schedule T) FT WARS	
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P.O. Box 12070

SCHEDULE F

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	• •			
Accounting/Banking	Legal Services Solicitation/Fundra	· ·			
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By			
Event Expense	Polling Expense Travel Out Of Dist				
Fees	Printing Expense Office Overhead/R	••••			
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8 PURPOSE	(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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EXPENDITURE	AKCOWNE BANKING	_ 024			
	The state of the s	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
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	Macron Ma LANKINO	Check if Ausun, 1A, oinceriolder living expense			
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
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EXPENDITURE		Check if Austin, TX, officeholder living expense			
A 1 A AMERICA 15 A	Candidate / Officeholder name	Office sought Office held			
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expenditure to benefit C/O	/n				
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Amount (\$)	Payee address; City; State; Zip Code				
DUDDCC	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE					
OF EXPENDITURE		Charlett Austin TV office better the second			
LAFEMOITURE	· ·	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/G	ОН				
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