

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 Filers) 00000021	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR ANN	FIRST ANN	MI
	NICKNAME KITCHEN	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 2401 BRIARGROVE	APT / SUITE #;	CITY; STATE; ZIP CODE AUSTIN, TEXAS 78704
	AREA CODE (512)	PHONE NUMBER 228-1645	EXTENSION
5 CANDIDATE/ OFFICEHOLDER PHONE	MS/MRS/MR	FIRST	MI
	NICKNAME CRAIG	LAST	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); 913B SIROCCO DRIVE	APT / SUITE #;	CITY; STATE; ZIP CODE AUSTIN, TX 78745
	AREA CODE (512)	PHONE NUMBER 626-8843	EXTENSION
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<div style="float: right; text-align: right;"> 2015 JAN 15 AM 11 05 AUSTIN CITY CLERK RECEIVED </div>		
8 CAMPAIGN TREASURER PHONE	<div style="float: right; text-align: right;"> 2015 JAN 15 AM 11 05 AUSTIN CITY CLERK RECEIVED </div>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 10/26/2014 THROUGH Month Day Year 12/31/2014		
11 ELECTION	ELECTION DATE Month Day Year 11/4/2014		
	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known) CITY COUNCIL, DISTRICT 5		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Ann Kitchen

15 ACCOUNT # (Ethics Commission Filers)

60000001

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,950.00/ka

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 19,319.06

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,859.49

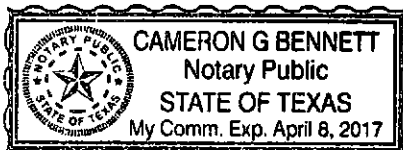
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 43,200.00

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.



Ann Kitchen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Kitchen, this the 15 day of January, 20 15, to certify which, witness my hand and seal of office.

Cameron Bennett
Signature of officer administering oath

Cameron Bennett
Printed name of officer administering oath

Notary Public
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: **4**

2 FILER NAME

ANN KITCHEN

3 ACCOUNT # (Ethics Commission Filers)

00000001

4 Date

10/29/14

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

DAVID AND CHERYL ARMBRUST

6 Contributor address; City; State; Zip Code

**2807 REGENTS PARK
AUSTIN, TX 78746**

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEY / PSYCHOLOGIST

10 Employer (See Instructions)

ARMBRUST & BROWN / SELF

Date

11/1/14

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

ROBBIE AND TOM AUSLEY

Contributor address; City; State; Zip Code

**3707 LAUREL LEDGE LANE
AUSTIN, TX 78731**

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

11/3/14

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

VALINDA BOLTON

Contributor address; City; State; Zip Code

**5000 WOODCREEK RD
AUSTIN, TX 78749**

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

COMMUNITY AFFAIRS

Employer (See Instructions)

STATE OF TEXAS

Date

11/4/14

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

PETER CESARO

Contributor address; City; State; Zip Code

**54 RAINEY ST. APT 713
AUSTIN, TX 78701**

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GDHM

Date

11/4/14

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

GEORGE COFER

Contributor address; City; State; Zip Code

**3306 GENTRY DR
ROLLINGWOOD, TX 78746**

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EXECUTIVE DIRECTOR

Employer (See Instructions)

HILL COUNTRY CONSERVANCY

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**

2 FILER NAME **ANN KITCHEN**

3 ACCOUNT # (Ethics Commission Filers)
00000001

4 Date
11/4/14

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

LAWRENCE COLLINS
6 Contributor address; City; State; Zip Code
**2017 TILLOTSON AVE
AUSTIN, TX 78702**

7 Amount of contribution (\$)
\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
STATE GOV'T RELATIONS

10 Employer (See Instructions)
SELF

Date

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

10/27/14

SAM FRUEHLING
Contributor address; City; State; Zip Code
**4703 PACK SADDLE PASS
AUSTIN, TX 78745**

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
APPRAISER

Employer (See Instructions)
SELF

Date

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

10/27/14

BILL HEAD
Contributor address; City; State; Zip Code
**1104 ENFIELD RD.
AUSTIN, TX 78703**

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
RETIRED

Date

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

10/29/14

ALETHA HUSTON
Contributor address; City; State; Zip Code
**908 BLUE BONNET LN
AUSTIN, TX 78704**

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
RETIRED

Date

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

11/3/14

PAMELA MADERE
Contributor address; City; State; Zip Code
**4207 BENNETT LN
AUSTIN, TX 78746**

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
DIRECTOR

Employer (See Instructions)
COATS ROSS

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: 4

2 FILER NAME

ANN KITCHEN

3 ACCOUNT # (Ethics Commission Filers)

00000001

4 Date

11/3/14

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

CHARLIE MADERE

6 Contributor address; City; State; Zip Code

4207 BENNETT LN
AUSTIN, TX 78746

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

CONSULTANT

10 Employer (See Instructions)

INNOGRAPHY

Date

11/1/14

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

BRAD SEIDEL

Contributor address; City; State; Zip Code

6 HEDGE LANE
AUSTIN, TX 78746

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)

ATTORNEY

Employer (See Instructions)

SEIDEL LAW FIRM

Date

10/30/14

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

RICHARD AND ALISON SUTLE

Contributor address; City; State; Zip Code

100 CONGRESS AVE STE 1300
AUSTIN, TX 78701

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

FIRMBRUST AND BROWN

Date

11/3/14

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

JACK TATE

Contributor address; City; State; Zip Code

5220 SCARBOROUGH LN
DALLAS, TX 75287

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE DEVELOPMENT / MANAGEMENT

Employer (See Instructions)

SCARBOROUGH LANE DEVELOPMENT

Date

10/28/14

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

DAVID WARNER

Contributor address; City; State; Zip Code

5701 TRAILRIDGE DR
AUSTIN, TX 78731

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

UNIVERSITY OF TEXAS

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: <u>4</u>	
2 FILER NAME <u>ANN KITCHEN</u>		3 ACCOUNT # (Ethics Commission Filers) <u>00000001</u>	
4 Date <u>11/1/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>KRISTIE ZAMRAZIL</u>	7 Amount of contribution (\$) <u>\$50.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>1819 PIEDMONT AVE AUSTIN, TX 78751</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>HEALTH CARE CONSULTANT</u>		10 Employer (See Instructions) <u>SELF</u>	
Date <u>11/3/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>HDR PAC</u>	Amount of contribution (\$) <u>\$350.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>8404 INDIAN HILLS DR OMAHA, NEBRASKA 68114</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11/1/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>IRONWORKERS STATE COPE FUND</u>	Amount of contribution (\$) <u>\$350.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>3003 DAWN DR Jtz 104 GEORGETOWN, TX 78628</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11/1/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>CWA COPE PCC</u>	Amount of contribution (\$) <u>\$350.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>501 3rd St. NW WASHINGTON, DC 20001-2760</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/30/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>NATIONAL ASSN OF SOCIAL WORKERS</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>810 W. 14th St. AUSTIN, TX 78701</u>		(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 ANN KITCHEN		3 ACCOUNT # (Ethics Commission Filers) 00000001	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan 11/3/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ANN KITCHEN		9 Loan Amount (\$) \$3,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2401 BRIAR GROS AUSTIN, TX 78704		10 Interest rate 0
		11 Maturity date 12/31/14	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan 10/31/14	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ANN KITCHEN		Loan Amount (\$) \$2,000.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 2401 BRIAR GROVE AUSTIN, TX 78704		Interest rate 0
		Maturity date 12/31/14	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
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: <u>8</u>		2 FILER NAME <u>ANN KITCHEN</u>		3 ACCOUNT # (Ethics Commission Filers) <u>00000001</u>	
4 Date <u>10/27/14</u>		5 Payee name <u>POWER OF TWO PROMOTIONS</u>			
6 Amount (\$) <u>\$344.93</u>		7 Payee address; City; State; Zip Code <u>9901 BRODIE LANE, AUSTIN, TX 78748</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>ADVERTISING</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>TSHIRTS</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/27/14</u>		Payee name <u>OFFICE MAX</u>			
Amount (\$) <u>\$465.81</u>		Payee address; City; State; Zip Code <u>907 W. 5th, Austin, TX 78703</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>		Description (If travel outside of Texas, complete Schedule T) <u>PRINTING</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/27/14</u>		Payee name <u>OFFICE DEPOT</u>			
Amount (\$) <u>\$1178.03</u>		Payee address; City; State; Zip Code <u>2101 S. LAMAR, AUSTIN TX 78704</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>		Description (If travel outside of Texas, complete Schedule T) <u>PRINTING</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/29/14</u>		Payee name <u>OFFICE DEPOT</u>			
Amount (\$) <u>\$714.97</u>		Payee address; City; State; Zip Code <u>2101 S. LAMAR, AUSTIN, TX 78704</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>		Description (If travel outside of Texas, complete Schedule T) <u>PRINTING</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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: 8		2 FILER NAME ANN KITCHEN		3 ACCOUNT # (Ethics Commission Filers) D0000001	
4 Date 10/29/14		5 Payee name OFFICE MAX			
6 Amount (\$) \$ 76.37		7 Payee address; City: State: Zip Code 907 W. STW, AUSTIN, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description (If travel outside of Texas, complete Schedule T) PRINTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/14		Payee name UNITED STATES POST OFFICE			
Amount (\$) \$ 1,274.00		Payee address; City: State: Zip Code 3903 S. CONGRESS, AUSTIN TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) POSTAGE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/14		Payee name OFFICE DEPOT			
Amount (\$) \$ 154.79		Payee address; City: State: Zip Code 2101 S. LAMAR, AUSTIN TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) PRINTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/14		Payee name OFFICE MAX			
Amount (\$) \$ 52.64		Payee address; City: State: Zip Code 907 W. STW, AUSTIN TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) PRINTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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: 8		2 FILER NAME ANN KITCHEN		3 ACCOUNT # (Ethics Commission Filers) 00000001	
4 Date 10/31/14		5 Payee name KRISTIN FINE			
6 Amount (\$) \$3217.34		7 Payee address: City: State: Zip Code 2404 BURLY OAK DR, AUSTIN 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T) SALARY <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name ANDREW HARDWICK			
Amount (\$) \$1945.08		Payee address: City: State: Zip Code 2804 RIO GRANDE, APT 203, AUSTIN TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) SALARY <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name MACKENZIE STEGAR			
Amount (\$) \$686.00		Payee address: City: State: Zip Code 350 NORTH ST #1406A, SAN MARCOS TX 78666			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) WAGES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/5/14		Payee name GRACE ROBERSON			
Amount (\$) \$679.00		Payee address: City: State: Zip Code 4404 EAST OLIVER APT 16303, AUSTIN 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) WAGES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**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: 8	2 FILER NAME ANN KITCHEN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/31/14	5 Payee name ANDREW HARDWICK
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6 Amount (\$) \$1612.94	7 Payee address; City; State; Zip Code 2804 RIO GRANDE APT 203, AUSTIN TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) SALARY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/31/14	Payee name GNI
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Amount (\$) \$2000.00	Payee address; City; State; Zip Code P.O. Box 685008, AUSTIN TX 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) GENERAL CONSULTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/3/14	Payee name SAGE PAYMENT SOLUTIONS
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Amount (\$) \$368.99	Payee address; City; State; Zip Code 1750 OLD MEADOW RD #300, MCLLEAN VA 22102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/3/14	Payee name OFFICE DEPOT
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Amount (\$) \$100.65	Payee address; City; State; Zip Code 2101 S. LAMAR, AUSTIN TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
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: 8		2 FILER NAME FINN KITCHEN		3 ACCOUNT # (Ethics Commission Filers) 00000001	
4 Date 11/5/14		5 Payee name REP'S PORCH			
6 Amount (\$) \$853.86		7 Payee address; City; State; Zip Code 3508 S. LAMAR, AUSTIN TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) FOOD <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/7/14		Payee name HDP DRIVE			
Amount (\$) \$73.55		Payee address; City; State; Zip Code ONE HDP DRIVE MD-100 AUGUSTA, GA 30909			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T) PAYROLL FEES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/7/14		Payee name ANDREW HARDWICK			
Amount (\$) \$75.00		Payee address; City; State; Zip Code 2804 RIO GRANDE APT 203, AUSTIN TX 78705			
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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/10/14		Payee name AT&T			
Amount (\$) \$72.96		Payee address; City; State; Zip Code P.O. Box 537104, ATLANTA GA 30353			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) CELL PHONE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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
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: 8		2 FILER NAME FINN KITCHEN		3 ACCOUNT # (Ethics Commission Filers) 00000001	
4 Date 11/12/14		5 Payee name ANDREW HARDWICK			
6 Amount (\$) \$2172.25		7 Payee address; City; State; Zip Code 2804 RIO GRANDE APT 203, AUSTIN TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T) SALARY <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/14		Payee name MAC KENZIE STEGAR			
Amount (\$) \$276.50		Payee address; City; State; Zip Code 350 NORTH ST #1406A, SAN MARCOS TX 78666			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) WAGES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/14		Payee name KRISTIN FINE			
Amount (\$) \$300		Payee address; City; State; Zip Code 2404 BURLY OAK DR, AUSTIN TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) WAGES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/14		Payee name IN FOCUS CAMPAIGN			
Amount (\$) \$510.23		Payee address; City; State; Zip Code P.O. Box 10726, Fort Worth TX 76114			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SOLICITATION / FUNDRAISING		Description (If travel outside of Texas, complete Schedule T) PHONE CALL <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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)**

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Accounting/Banking
Consulting Expense
Event Expense
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Gift/Awards/Memorials Expense
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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)

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1 Total pages Schedule F: <u>8</u>		2 FILER NAME <u>ANN KITCHEN</u>		3 ACCOUNT # (Ethics Commission Filers) <u>00000001</u>	
4 Date <u>11/17/14</u>		5 Payee name <u>ADOBE SYSTEMS</u>			
6 Amount (\$) <u>\$21.64</u>		7 Payee address: City: State: Zip Code <u>345 PARK AVE, SAN JOSE CA 95110</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>SOFTWARE</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/1/14</u>		Payee name <u>SAGE PAYMENT SOLUTIONS</u>			
Amount (\$) <u>\$141.20</u>		Payee address: City: State: Zip Code <u>1750 OLD MEADOW RD #300, McLEAN VA 22102</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Fees</u>		Description (If travel outside of Texas, complete Schedule T) <u>CREDIT CARD Fees</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/9/14</u>		Payee name <u>AT&T</u>			
Amount (\$) <u>\$65.33</u>		Payee address: City: State: Zip Code <u>P.O. Box 537104, ATLANTA GA 30353</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>		Description (If travel outside of Texas, complete Schedule T) <u>CELL PHONE</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>12/17/14</u>		Payee name <u>ADOBE SYSTEMS</u>			
Amount (\$) <u>\$21.64</u>		Payee address: City: State: Zip Code <u>345 PARK AVE, SAN JOSE CA 95110</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>		Description (If travel outside of Texas, complete Schedule T) <u>SOFTWARE</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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)**

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

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1 Total pages Schedule F: <u>8</u>		2 FILER NAME <u>ANN KITCHEN</u>		3 ACCOUNT # (Ethics Commission Filers) <u>00000001</u>	
4 Date <u>11/21/14</u>		5 Payee name <u>WELLS FARGO</u>			
6 Amount (\$) <u>\$12.00</u>		7 Payee address; City; State; Zip Code <u>3949 S. LAMAR AUSTIN TX 78704</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>ACCOUNTING / BANKING</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>SERVICE FEE</u>		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>12/18/14</u>		Payee name <u>WELLS FARGO</u>			
Amount (\$) <u>\$12.00</u>		Payee address; City; State; Zip Code <u>3949 S. LAMAR AUSTIN TX 78704</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>ACCOUNTING / BANKING</u>		Description (If travel outside of Texas, complete Schedule T) <u>SERVICE FEE</u>		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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