

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>6</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(C)</u>	FIRST <u>ANN</u>	MI	Date Received	AUSTIN CITY CLERK RECEIVED 2015 JUL 28 PM 12 04
	NICKNAME	LAST <u>KITCHEN</u>	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Processed		
	<u>3 / 7 / 2014</u> THROUGH <u>6 / 30 / 2014</u>		Date Imaged		

6 EXPLANATION OF CORRECTION

EXPENSES OMITTED IN ERROR.

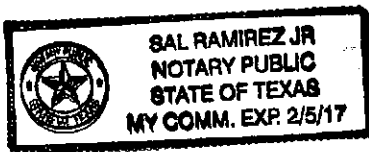
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Kitchen, this the 28th day of July

2015 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME ANN KITCHEN		3 Filer ID (Ethics Commission Filers) 00000001	
4 Date 4/14/14		5 Payee name GNI CONSULTING LLC			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code P.O. Box 685008 AUSTIN, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE AND LOGO DESIGN	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 4/16		Payee name KRISTIN FINE			
Amount (\$) \$50		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) REIMBURSEMENT		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK ACCT OPENING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 4/16		Payee name KRISTIN FINE			
Amount (\$) \$20.00		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) REIMBURSEMENT		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD	
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

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Advertising Expense
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Consulting Expense
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Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Revised 02/27/2015

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Printing Expense
Salaries/Wages/Contract Labor

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Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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1 Total pages Schedule F1: 5		2 FILER NAME ANN KITCHEN		3 Filer ID (Ethics Commission Filers) 00000001	
4 Date 5/14		5 Payee name KRISTIN FINE			
6 Amount (\$) \$38.67		7 Payee address; City; State; Zip Code 2404 BURLY OAK DR AUSTIN, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) REIMBURSEMENT		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/21/14		Payee name KRISTIN FINE			
Amount (\$) \$102.00		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) REIMBURSEMENT		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/28/14		Payee name KRISTIN FINE			
Amount (\$) \$550.00		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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARY ADVANCE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense
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Food/Beverage Expense
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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Ann Kitchin		3 Filer ID (Ethics Commission Filers) 00000001	
4 Date 5/29/14		5 Payee name KRISTIN FINE			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 2404 BURLY OAK DR AUSTIN, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARY / WAGES / CONTRACT LABOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYCHECK ADVANCE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/9/14		Payee name AMAZON MARKETPLACE			
Amount (\$) \$32.98		Payee address; City; State; Zip Code ONLINE			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES OVERHEAD		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/16/14		Payee name FACEBOOK			
Amount (\$) \$48.40		Payee address; City; State; Zip Code ONLINE			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME ANN KITCHEN		3 Filer ID (Ethics Commission Filers) 00000001	
4 Date 6/17/14		5 Payee name KATHY GENET			
6 Amount (\$) \$55.84		7 Payee address, City, State, Zip Code 3000 KIRBY LAKE AUSTIN, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES / WAGES / CONTRACT LABOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/20/14		Payee name STRANGE BREW			
Amount (\$) \$10.25		Payee address, City, State, Zip Code 5326 MANHUA AUSTIN, TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT COST		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/24		Payee name I STOCK			
Amount (\$) \$40.00		Payee address, City, State, Zip Code ONLINE			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTOS (STOCK)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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