

# 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 #<br>(Ethics Commission Filers)<br><b>00000021</b> | 2 Total pages filed:<br><b>15</b>                   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS/MRS/MR<br><b>ANN</b>  | FIRST<br><b>ANN</b>  | MI  |
|   | NICKNAME<br><b>KITCHEN</b>   | LAST   | SUFFIX  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;<br><b>2401 BRIARGROVE</b>  | APT / SUITE #;   | CITY; STATE; ZIP CODE<br><b>AUSTIN, TEXAS 78704</b> |
|   | AREA CODE<br><b>(512)</b>  | PHONE NUMBER<br><b>228-1645</b>                              | EXTENSION   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | MS/MRS/MR  | FIRST  | MI  |
|   | NICKNAME<br><b>CRAIG</b>   | LAST   | SUFFIX  |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | STREET ADDRESS (NO PO BOX PLEASE);<br><b>913B SIROCCO DRIVE</b>  | APT / SUITE #;   | CITY; STATE; ZIP CODE<br><b>AUSTIN, TX 78745</b>    |
|   | AREA CODE<br><b>(512)</b>  | PHONE NUMBER<br><b>626-8843</b>                              | EXTENSION   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(residence or business)   | <div style="float: right; writing-mode: vertical-rl; transform: rotate(180deg);"> <b>2015 JAN 15 AM 11 05</b><br/> <b>AUSTIN CITY CLERK RECEIVED</b> </div>  |  |   |
|   | <div> <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)<br/> <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) </div> |  |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | <div> <div>Month    Day    Year<br/><b>10 / 26 / 2014</b></div> <div>THROUGH    Month    Day    Year<br/><b>12 / 31 / 2014</b></div> </div>  |  |   |
| 9 REPORT TYPE   | <div> <div>Month    Day    Year<br/><b>11 / 4 / 2014</b></div> <div> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>  |  |   |
| 10 PERIOD COVERED   | <div> <div>OFFICE HELD (if any)</div> <div> <div>OFFICE SOUGHT (if known)<br/><b>CITY COUNCIL, DISTRICT 5</b></div> </div> </div>  |  |   |
| <div> <div>GO TO PAGE 2</div> </div>  |  |  |   |

# 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

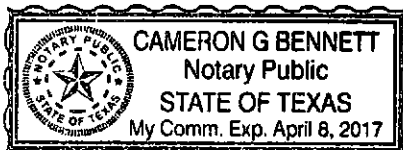
OUTSTANDING  
LOAN TOTALS

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**

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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

11/1/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

KRISTIE ZAMRAZIL

6 Contributor address: City: State: Zip Code

1819 PIEDMONT AVE  
AUSTIN, TX 78751

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)

HEALTH CARE CONSULTANT

10 Employer (See Instructions)

SELF

Date

11/3/14

Full name of contributor

☐ out-of-state PAC (ID#)

HDR PAC

Contributor address: City: State: Zip Code

8404 INDIAN HILLS DR  
OMAHA, NEBRASKA 68114

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/14

Full name of contributor

☐ out-of-state PAC (ID#)

IRONWORKERS STATE COPE FUND

Contributor address: City: State: Zip Code

3003 DAWN DR Jtz 104  
GEORGETOWN, TX 78628

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/14

Full name of contributor

☐ out-of-state PAC (ID#)

CWA COPE PCC

Contributor address: City: State: Zip Code

501 3rd St. NW  
WASHINGTON, DC 20001-2760

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

NATIONAL ASSN OF SOCIAL WORKERS

Contributor address: City: State: Zip Code

810 W. 14th St.  
AUSTIN, TX 78701

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS****SCHEDULE E**

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| The Instruction Guide explains how to complete this form.                                  |  | 1 Total pages Schedule E:<br><b>1</b>   |                                      |
| 2 FILER NAME<br><b>ANN KITCHEN</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)<br><b>00000001</b>   |                                      |
| 4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒                                       |  | \$  |                                      |
| 5 Date of loan<br><b>11/31/14</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>ANN KITCHEN</b> |   | 9 Loan Amount (\$)<br><b>\$3,000</b> |
| 6 Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b> | 8 Lender address; City; State; Zip Code<br><b>2401 BRIAR GROVE<br/>AUSTIN, TX 78704</b>      |   | 10 Interest rate<br><b>0</b>         |
|  |  | 11 Maturity date<br><b>12/31/14</b>   |                                      |
| 12 Principal occupation / Job title (See Instructions)                                     |  | 13 Employer (See Instructions)  |                                      |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                   |  | 15 Check if personal funds were deposited into political account<br><input checked="" type="checkbox"/> |                                      |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable         | 17 Name of guarantor<br><br>18 Guarantor address; City; State; Zip Code                      |   | 19 Amount Guaranteed (\$)            |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |                                      |

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| Date of loan<br><b>10/31/14</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>ANN KITCHEN</b> |  | Loan Amount (\$)<br><b>\$2,000.00</b> |
| Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b> | Lender address; City; State; Zip Code<br><b>2401 BRIAR GROVE<br/>AUSTIN, TX 78704</b>      |  | Interest rate<br><b>0</b>             |
|  |  | Maturity date<br><b>12/31/14</b>   |                                       |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)  |                                       |
| Description of Collateral<br><input checked="" type="checkbox"/> none                    |  | Check if personal funds were deposited into political account<br><input checked="" type="checkbox"/> |                                       |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable          | Name of guarantor<br><br>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.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>1</b> Total pages Schedule F: <u>8</u>                           |  | <b>2</b> FILER NAME<br><u>ANN KITCHEN</u>   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)<br><u>00000001</u>  |  |
| <b>4</b> Date<br><u>10/27/14</u>                                    |  | <b>5</b> Payee name<br><u>POWER OF TWO PROMOTIONS</u>   |  |   |  |
| <b>6</b> Amount (\$)<br><u>\$344.93</u>                             |  | <b>7</b> Payee address; City; State; Zip Code<br><u>9901 BRODIE LANE, AUSTIN, TX 78748</u>    |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><u>ADVERTISING</u> |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><u>TSHIRTS</u><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought      Office held  |  |
| Date<br><u>10/27/14</u>   |  | Payee name<br><u>OFFICE MAX</u>   |  |   |  |
| Amount (\$)<br><u>\$465.81</u>                                      |  | Payee address; City; State; Zip Code<br><u>907 W. 5th, Austin, TX 78703</u>                   |  |   |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br><u>OFFICE OVERHEAD</u>        |  | Description (If travel outside of Texas, complete Schedule T)<br><u>PRINTING</u><br><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<br><u>10/27/14</u>   |  | Payee name<br><u>OFFICE DEPOT</u>   |  |   |  |
| Amount (\$)<br><u>\$1178.03</u>                                     |  | Payee address; City; State; Zip Code<br><u>2101 S. LAMAR, AUSTIN TX 78704</u>                 |  |   |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br><u>OFFICE OVERHEAD</u>        |  | Description (If travel outside of Texas, complete Schedule T)<br><u>PRINTING</u><br><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<br><u>10/29/14</u>   |  | Payee name<br><u>OFFICE DEPOT</u>   |  |   |  |
| Amount (\$)<br><u>\$714.97</u>                                      |  | Payee address; City; State; Zip Code<br><u>2101 S. LAMAR, AUSTIN, TX 78704</u>                |  |   |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br><u>OFFICE OVERHEAD</u>        |  | Description (If travel outside of Texas, complete Schedule T)<br><u>PRINTING</u><br><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.

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

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>1</b> Total pages Schedule F: <u>8</u>                           |  | <b>2</b> FILER NAME<br><u>ANN KITCHEN</u>   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)<br><u>00000001</u>   |  |
| <b>4</b> Date<br><u>10/31/14</u>                                    |  | <b>5</b> Payee name<br><u>KRISTIN FINE</u>  |  |  |  |
| <b>6</b> Amount (\$)<br><u>\$3217.34</u>                            |  | <b>7</b> Payee address: City: State: Zip Code<br><u>2404 BURLY OAK DR, AUSTIN 78745</u>                         |  |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><u>SALARY, WAGES, CONTRACT LABOR</u> |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><u>SALARY</u><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought      Office held   |  |
| Date<br><u>10/31/14</u>   |  | Payee name<br><u>ANDREW HARDWICK</u>  |  |  |  |
| Amount (\$)<br><u>\$1945.08</u>                                     |  | Payee address: City: State: Zip Code<br><u>2804 RIO GRANDE, APT 203, AUSTIN TX 78705</u>                        |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)<br><u>SALARY, WAGES, CONTRACT LABOR</u>            |  | Description (If travel outside of Texas, complete Schedule T)<br><u>SALARY</u><br><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<br><u>10/31/14</u>   |  | Payee name<br><u>MACKENZIE STEGAR</u>   |  |  |  |
| Amount (\$)<br><u>\$686.00</u>                                      |  | Payee address: City: State: Zip Code<br><u>350 NORTH ST #1406A, SAN MARCOS TX 78666</u>                         |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)<br><u>SALARY, WAGES, CONTRACT LABOR</u>            |  | Description (If travel outside of Texas, complete Schedule T)<br><u>WAGES</u><br><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<br><u>11/5/14</u>  |  | Payee name<br><u>GRACE ROBERSON</u>   |  |  |  |
| Amount (\$)<br><u>\$679.00</u>                                      |  | Payee address: City: State: Zip Code<br><u>4404 EAST OLIVER APT 16303, AUSTIN 78741</u>                         |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)<br><u>SALARY, WAGES, CONTRACT LABOR</u>            |  | Description (If travel outside of Texas, complete Schedule T)<br><u>WAGES</u><br><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:<br><b>8</b> | 2 FILER NAME<br><b>ANN KITCHEN</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|--|

|                           |  |
|---------------------------|--|
| 4 Date<br><b>10/31/14</b> | 5 Payee name<br><b>ANDREW HARDWICK</b> |
|---------------------------|--|

|                                   |   |
|-----------------------------------|---|
| 6 Amount (\$)<br><b>\$1612.94</b> | 7 Payee address; City; State; Zip Code<br><b>2804 RIO GRANDE APT 203, AUSTIN TX 78705</b> |
|-----------------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>SALARY, WAGES, CONTRACT LABOR</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>SALARY</b><br><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<br><b>10/31/14</b> | Payee name<br><b>GNI</b> |
|-------------------------|--------------------------|

|                                 |   |
|---------------------------------|---|
| Amount (\$)<br><b>\$2000.00</b> | Payee address; City; State; Zip Code<br><b>P.O. Box 685008, AUSTIN TX 78768</b> |
|---------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>CONSULTING EXPENSE</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>GENERAL CONSULTING</b><br><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<br><b>11/3/14</b> | Payee name<br><b>SAGE PAYMENT SOLUTIONS</b> |
|------------------------|---|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$368.99</b> | Payee address; City; State; Zip Code<br><b>1750 OLD MEADOW RD #300, MCLLEAN VA 22102</b> |
|--------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FEES</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>CREDIT CARD FEES</b><br><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<br><b>11/3/14</b> | Payee name<br><b>OFFICE DEPOT</b> |
|------------------------|-----------------------------------|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>\$100.65</b> | Payee address; City; State; Zip Code<br><b>2101 S. LAMAR, AUSTIN TX 78704</b> |
|--------------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>OFFICE SUPPLIES</b><br><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:<br><b>8</b>                        |  | 2 FILER NAME<br><b>FINN KITCHEN</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)<br><b>00000001</b>   |  |
| 4 Date<br><b>11/5/14</b>                                     |  | 5 Payee name<br><b>REP'S PORCH</b>   |  |   |  |
| 6 Amount (\$)<br><b>\$853.86</b>                             |  | 7 Payee address; City; State; Zip Code<br><b>3508 S. LAMAR, AUSTIN TX 78704</b>          |  |   |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b> |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>FOOD</b><br><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<br><b>11/7/14</b>                                       |  | Payee name<br><b>HDP DRIVE</b>   |  |   |  |
| Amount (\$)<br><b>\$73.55</b>                                |  | Payee address; City; State; Zip Code<br><b>ONE HDP DRIVE MD-100 AUGUSTA, GA 30909</b>    |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>FEES</b>              |  | Description (If travel outside of Texas, complete Schedule T)<br><b>PAYROLL FEES</b><br><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<br><b>11/7/14</b>                                       |  | Payee name<br><b>ANDREW HARDWICK</b>   |  |   |  |
| Amount (\$)<br><b>\$75.00</b>                                |  | Payee address; City; State; Zip Code<br><b>2804 RIO GRANDE APT 203, AUSTIN TX 78705</b>  |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>     |  | Description (If travel outside of Texas, complete Schedule T)<br><b>FOOD</b><br><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<br><b>11/10/14</b>                                      |  | Payee name<br><b>AT&amp;T</b>  |  |   |  |
| Amount (\$)<br><b>\$72.96</b>                                |  | Payee address; City; State; Zip Code<br><b>P.O. Box 537104, ATLANTA GA 30353</b>         |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b>   |  | Description (If travel outside of Texas, complete Schedule T)<br><b>CELL PHONE</b><br><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:<br><b>8</b>                        |  | 2 FILER NAME<br><b>FINN KITCHEN</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)<br><b>00000001</b>   |  |
| 4 Date<br><b>11/12/14</b>                                    |  | 5 Payee name<br><b>ANDREW HARDWICK</b>   |  |   |  |
| 6 Amount (\$)<br><b>\$2172.25</b>                            |  | 7 Payee address; City; State; Zip Code<br><b>2804 RIO GRANDE APT 203, AUSTIN TX 78705</b>                |  |   |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br><b>SALARY, WAGES, CONTRACT LABOR</b> |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>SALARY</b><br><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<br><b>11/14/14</b>                                      |  | Payee name<br><b>MAC KENZIE STEGAR</b>   |  |   |  |
| Amount (\$)<br><b>\$276.50</b>                               |  | Payee address; City; State; Zip Code<br><b>350 NORTH ST #1406A, SAN MARCOS TX 78666</b>                  |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>SALARY, WAGES, CONTRACT LABOR</b>     |  | Description (If travel outside of Texas, complete Schedule T)<br><b>WAGES</b><br><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<br><b>11/14/14</b>                                      |  | Payee name<br><b>KRISTIN FINE</b>  |  |   |  |
| Amount (\$)<br><b>\$300</b>                                  |  | Payee address; City; State; Zip Code<br><b>2404 BURLY OAK DR, AUSTIN TX 78745</b>                        |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>SALARY, WAGES, CONTRACT LABOR</b>     |  | Description (If travel outside of Texas, complete Schedule T)<br><b>WAGES</b><br><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<br><b>11/18/14</b>                                      |  | Payee name<br><b>IN FOCUS CAMPAIGN</b>   |  |   |  |
| Amount (\$)<br><b>\$510.23</b>                               |  | Payee address; City; State; Zip Code<br><b>P.O. Box 10726, Fort Worth TX 76114</b>                       |  |   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><b>SOLICITATION / FUNDRAISING</b>        |  | Description (If travel outside of Texas, complete Schedule T)<br><b>PHONE CALL</b><br><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: <u>8</u>                    |  | 2 FILER NAME<br><u>ANN KITCHEN</u>   |  | 3 ACCOUNT # (Ethics Commission Filers)<br><u>00000001</u>   |  |
| 4 Date<br><u>11/17/14</u>                             |  | 5 Payee name<br><u>ADOBE SYSTEMS</u>   |  |   |  |
| 6 Amount (\$)<br><u>\$21.64</u>                       |  | 7 Payee address: City: State: Zip Code<br><u>345 PARK AVE, SAN JOSE CA 95110</u>           |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br><u>OFFICE OVERHEAD</u> |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><u>SOFTWARE</u><br><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<br><u>12/1/14</u>                                |  | Payee name<br><u>SAGE PAYMENT SOLUTIONS</u>  |  |   |  |
| Amount (\$)<br><u>\$141.20</u>                        |  | Payee address: City: State: Zip Code<br><u>1750 OLD MEADOW RD #300, McLEAN VA 22102</u>    |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><u>Fees</u>                |  | Description (If travel outside of Texas, complete Schedule T)<br><u>CREDIT CARD Fees</u><br><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<br><u>12/9/14</u>                                |  | Payee name<br><u>AT&amp;T</u>  |  |   |  |
| Amount (\$)<br><u>\$65.33</u>                         |  | Payee address: City: State: Zip Code<br><u>P.O. Box 537104, ATLANTA GA 30353</u>           |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><u>OFFICE OVERHEAD</u>     |  | Description (If travel outside of Texas, complete Schedule T)<br><u>CELL PHONE</u><br><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<br><u>12/17/14</u>                               |  | Payee name<br><u>ADOBE SYSTEMS</u>   |  |   |  |
| Amount (\$)<br><u>\$21.64</u>                         |  | Payee address: City: State: Zip Code<br><u>345 PARK AVE, SAN JOSE CA 95110</u>             |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><u>OFFICE OVERHEAD</u>     |  | Description (If travel outside of Texas, complete Schedule T)<br><u>SOFTWARE</u><br><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)**

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.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED