



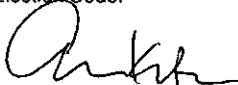
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Ann MI NICKNAME LAST SUFFIX KITCHEN		OFFICE USE ONLY Date Received <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2017 FEB 27 AM 11:34 RECEIVED AUSTIN CITY CLERK </div>
	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 2401 BRIARGROVE Austin, TX 78704		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 657-4762		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> FIRST Ken MI NICKNAME LAST SUFFIX CRAIG		7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 7100 WHISPERING OAKS DR. Austin, TX 78745		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 626-8843		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 8 / 1 / 2016 THROUGH 2 / 28 / 2017		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	OFFICE HELD (if any) City Council D5		
12 OFFICE	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

<div style="border: 2px solid black; padding: 5px; width: fit-content;"><div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>ROBERTO ACOSTA Notary Public, State of Texas Comm. Expires 04-21-2019 Notary ID 130198533</p></div></div></div> <p style="margin-top: 10px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Ann Kizner</u>, this the <u>27th</u> day of <u>FEBRUARY</u>, 20<u>17</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 30%;"><p>Signature of officer administering oath</p></div><div style="width: 35%; text-align: center;"><p>ROBERTO ACOSTA <u>NOTARY PUBLIC</u></p><p>Printed name of officer administering oath</p></div><div style="width: 30%; text-align: center;"><p><u>NOTARY PUBLIC</u></p><p>Title of officer administering oath</p></div></div>		<p>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.</p> <div style="text-align: center; margin-top: 20px;"><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><p>Signature of Candidate or Officeholder</p></div>
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