

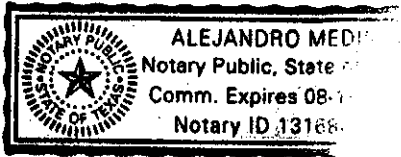
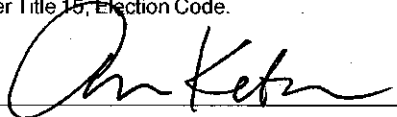
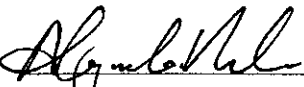
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: 10																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Ann</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Kitchen</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Ann		NICKNAME	LAST	SUFFIX		Kitchen		<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Date Received <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> OCC RECEIVED AT OCT 9 '18 PM12:16 </div> </div>						
	MS / MRS / MR	FIRST	MI																		
	Ann																				
NICKNAME	LAST	SUFFIX																			
	Kitchen																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="text-align: center; padding: 5px;">2401 Briargrove, Austin, Texas 78704</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Change of Address </div>																					
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>228-1645</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(512)	228-1645		Date Hand-delivered or Date Postmarked												
	AREA CODE	PHONE NUMBER	EXTENSION																		
(512)	228-1645																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">MaryAnn</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Neely</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		MaryAnn		NICKNAME	LAST	SUFFIX		Neely		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	MS / MRS / MR	FIRST	MI																		
		MaryAnn																			
NICKNAME	LAST	SUFFIX																			
	Neely																				
Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:10%; border-bottom: 1px solid black;">CITY;</td> <td style="width:10%; border-bottom: 1px solid black;">STATE;</td> <td style="width:30%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">1908 Barton Parkway, Austin, Texas 78704</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1908 Barton Parkway, Austin, Texas 78704												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 2018</td> <td></td> <td style="text-align: center;">09</td> <td style="text-align: center;">/ 27</td> <td style="text-align: center;">/ 2018</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	/ 01	/ 2018		09	/ 27	/ 2018				
	Month	Day	Year	THROUGH	Month	Day	Year														
07	/ 01	/ 2018		09	/ 27	/ 2018															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">ELECTION DATE</td> <td style="width:60%; border-bottom: 1px solid black;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">11 / 06 / 2018</td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	11 / 06 / 2018													
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">OFFICE HELD (if any)</td> <td style="width:50%; border-bottom: 1px solid black;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Austin City Council D5</td> <td style="text-align: center; padding: 5px;">Austin City Council D5</td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Austin City Council D5	Austin City Council D5														
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Austin City Council D5	Austin City Council D5																				

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT		
<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> _____ Signature of Candidate or Officeholder</div>
AFFIX NOTARY STAMP / SEAL ABOVE		
<p>Sworn to and subscribed before me, by the said <u>Ann Kitchen</u>, this the <u>9th</u> day of <u>October</u>, 20 <u>18</u>, to certify which, witness my hand and seal of office.</p>		
<div> _____ Signature of officer administering oath</div>	<div><u>Alejandro Medina</u> _____ Printed name of officer administering oath</div>	<div><u>Notary</u> _____ Title of officer administering oath</div>

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Ann Kitchen		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$3,550.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$4,069.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$223.86
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Ann Kitchen

3 Filer ID (Ethics Commission Filers)

4 Date

7/2/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

George Cofer

6 Contributor address;

City; State; Zip Code

3306 Gentry, Austin, TX 78746

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/6/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robbie Ausley

Contributor address;

City; State; Zip Code

3707 Laureledge Lane, Austin, Texas 78731

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leah Bojo

Contributor address;

City; State; Zip Code

2943 Moss St., Austin, Texas 78722

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Flannery Bope

Contributor address;

City; State; Zip Code

1512 Holstein, Austin, Texas 78758

Amount of contribution (\$)

\$25.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Ann Kitchen

3 Filer ID (Ethics Commission Filers)**4** Date

7/27/18

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

Dan Crow

6 Contributor address;

City: State: Zip Code

2803 Down Cove, Austin, Texas 78704

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

8/12/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dan Graham

Contributor address;

City: State: Zip Code

9309 Leaning Rock Circle, Austin Texas 78730

Amount of contribution (\$)

\$350

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/8/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Will Grover

Contributor address;

City: State: Zip Code

4503 Shoal Creek, Austin, TX 78756

Amount of contribution (\$)

\$350

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/9/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Annie Harding

Contributor address;

City: State: Zip Code

4428 Gillis, Austin, Texas 78745

Amount of contribution (\$)

\$200

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Ann Kitchen

3 Filer ID (Ethics Commission Filers)**4** Date

8/8/18

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

Aletha Huston

6 Contributor address;

City; State; Zip Code

908 Bluebonnet, Austin, Texas 78704

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

7/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Emily Little

Contributor address;

City; State; Zip Code

2201 North Lamar, Austin, TX 78705

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andrew Mangan

Contributor address;

City; State; Zip Code

1600 Barton Springs Rd, Austin, Texas 78704

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ronald Richter

Contributor address;

City; State; Zip Code

2421 Riker Ridge Trail, Austin, Texas 78748

Amount of contribution (\$)

\$50

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**5****2** FILER NAME

Ann Kitchen

3 Filer ID (Ethics Commission Filers)**4** Date

7/17/18

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

Danny Roth

6 Contributor address;

City; State; Zip Code

222 West Ave Unit 2501, Austin, TX 78701

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

7/1/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rob Schneider

Contributor address;

City; State; Zip Code

2204 Thornton Rd #6, Austin, Texas 78704

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dana Sprute

Contributor address;

City; State; Zip Code

909 West 23rd, Austin, Texas 78705

Amount of contribution (\$)

\$350

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sheila Stricker

Contributor address;

City; State; Zip Code

2503 Briargrove, Austin, Texas 78704

Amount of contribution (\$)

\$100

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Ann Kitchen

3 Filer ID (Ethics Commission Filers)**4** Date

9/20/18

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

Amanda Swor

6 Contributor address;

City; State; Zip Code

2000 Shadow Brook Circle, Round Rock, Tx 78681

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

7/2/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melba and Ted Whatley

Contributor address;

City; State; Zip Code

P.O. Box 5623, Austin, Texas 78763

Amount of contribution (\$)

\$700

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/9/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bruce Willenzik

Contributor address;

City; State; Zip Code

4428 Gillis, Austin, Texas 78745

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Austin/Travis County EMS Employee PAC

Contributor address;

City; State; Zip Code

5817 Willcab Rd Ste 3, Austin, Tx 78721

Amount of contribution (\$)

\$350

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.

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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: 1		2 FILER NAME Ann Kitchen		3 Filer ID (Ethics Commission Filers)	
4 Date 8/6/18		5 Payee name Y Strategy			
6 Amount (\$) \$3,500		7 Payee address; City; State; Zip Code 5102 Delores, Austin, Texas 78721			
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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/18		Payee name City of Austin			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 301 West 2nd, Austin, Texas 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fee		Description <input type="checkbox"/> Check 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 9/27/18		Payee name PayPal			
Amount (\$) \$69.43		Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation / Fundraising		Description <input type="checkbox"/> Check 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G: 1	2 FILER NAME Ann Kitchen	3 Filer ID (Ethics Commission Filers)
4 Date 9/18/18	5 Payee name Constant Contact	
6 Amount (\$) \$74.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3675 Precision Dr, Loveland, CO 80538	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 8/18/18	Payee name Constant Contact	
Amount (\$) \$74.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3675 Precision Dr., Loveland, CO 80538	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 7/18/18	Payee name Constant Contact	
Amount (\$) \$74.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3675 Precision Dr., Loveland, CO 80538	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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
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