

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: 4														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">Ann</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Kitchen</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 20px;"> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> DCC RECEIVED AT JAN 15 '20 PM 12:13 </div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> DCC RECEIVED AT JAN 15 '20 PM 12:13 </div>		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
OFFICE USE ONLY																	
Date Received																	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> DCC RECEIVED AT JAN 15 '20 PM 12:13 </div>																	
Date Hand-delivered or Date Postmarked																	
Receipt #	Amount \$																
Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">2401 Briargrove, Austin, Texas 78704</p>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 228-1645																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">Mary Ann</p> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Neely</p>																
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">1908 Barton Parkway, Austin, Texas 78704</p>																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 442-3414																
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> ^{AK} January 15</td> <td style="width:25%;"><input 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 checked="" type="checkbox"/> ^{AE} 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 checked="" type="checkbox"/> ^{AK} 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 checked="" type="checkbox"/> ^{AE} July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
<input checked="" type="checkbox"/> ^{AK} 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 checked="" type="checkbox"/> ^{AE} 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;"> ^{AK} 7 / 30 / 2019 </td> <td></td> <td style="text-align: center;"> 12 / 30 / 2019 ^{AK} </td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	^{AK} 7 / 30 / 2019		12 / 30 / 2019 ^{AK}								
Month Day Year	THROUGH	Month Day Year															
^{AK} 7 / 30 / 2019		12 / 30 / 2019 ^{AK}															
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special															
12 OFFICE	OFFICE HELD (if any) Austin City Council District 5	13 OFFICE SOUGHT (if known) Austin City Council District 5															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

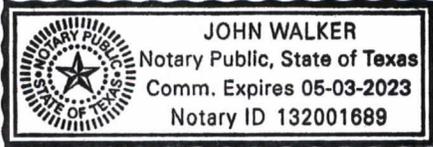
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ann Kitchen	15 Filer ID (Ethics Commission Filers)
------------------------------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

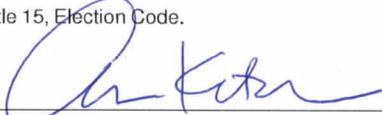
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,226.63 <i>Type text here</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,054.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 38,478.38

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Kitchen, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

John Walker

 Printed name of officer administering oath

notary

 Title of officer administering oath

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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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		\$ 5,226.63
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
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		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ann Kitchen	3 Filer ID (Ethics Commission Filers)
-----------------------------------	------------------------------------	--

4 Date 10/1	5 Payee name Ann Kitchen
-----------------------	------------------------------------

6 Amount (\$) \$5,000	7 Payee address; City; State; Zip Code 2401 Briargrove, Austin, Texas 78704
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement (for office exp)	(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 9/1/19	Payee name Austin AFL-CIO Council
----------------	--------------------------------------

Amount (\$) \$226.63	Payee address; City; State; Zip Code P.O. Box 87, Austin, Texas 78767
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donations (Ad 2019 Labor Day Program)	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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Type text here	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