CA D E / OFF CE OLDER
CA G FI A CE REPORT

COVER

C/OH
PG 2

14 C/OH NAME

15 Filer ID (Ethics Filers)

16 NOTICE FROM

THIS BOX FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL

[redacted]

h k th

nt s m o Pu l

SUB LS - C/OH

FO COVER SH

C/OH PG 3

19 FILER NAME

20 Filer ID (Ethics Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

			AMOUNT
	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 84
6.	☑	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 6860.
7	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ .81
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	[redacted]	

12.	☐	SCHEDULE K: EST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO	$

[redacted]

Ku.IE [redacted]

n ($)

[redacted]

9/27/19 (R #250

[redacted]

The Instruction Guide explains how to complete this form.

1 Total pages Schedule

2 FILE

3 Filer ID (Ethics Comr ission Filers)

4 Date

5 Full name of

☐ out-of-state PAC (ID#:____________________)

7 Amount of Contributi #25

KA

6 Contributor 6038 11 Ave. City; e 26116

8 Principal occupation / Job title (See Instructions) ☐ out-of-state PAC

[redacted]

[redacted]

Date [redacted]

Date

Amount of contributi n ($)

[redacted]

[redacted]

[redacted]

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Schedule F1

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 Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

$4 06 85 304 Austin, TX 78701

(a) Description

☐ Check if travel outside of Texas Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

NAACP

$4 .81 St, STE 304 Austin, TX 8 0

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Total amount Schedule F1

106

if direct benefit C/O

Dist 4

Date

Payee name

DSPM ching, LLC

Payee address;

$80 3825 E. Loop 820 S. Fw, TX 76119

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas Complete Schedule T

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
pense
Legal Services
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 F2

E Kins

3 Filer ID (Ethics Commission Filers)

[redacted]

Masica &

[redacted]

(a) Category (See Categories listed at the top of this schedule)

(b) Description

[redacted]

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

[redacted]

E

[redacted]

CA &

[redacted]

5 815-A St., STE 304, Aus 78701

18

7 Amount ($)

8 Payee address; City; State; Zip Code

$3212.89 815-A Brazos St., STE 304, Austin, TX 78701

9 TYPE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

☒ Political OG

☐ Non-Political

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

10 PURPOSE OF EXPENDITURE

ultiva Kins Dist

11 Complete ONLY if direct expenditure to benefit

Candidate / Officeholder name: Kins

Office sought: Dist 4

Office held:

9

Amount ($)

Payee

City; State; Zip Code

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Committee

Transportation
Travel District
Travel Out Of District

above)

6860.

9 19

ASICA +

$1499

8

Austin, 78701

X

SVG (25 Road Signs

Check if Austin, TX, officeholder living

3 Filer ID (Ethics Filers)

4 TOTAL OF UNITEMIZED UNPAID NCURRED OBLIGATIONS $

5

7 ($)

8 Payee address; City;

9 TYPE OF EXPENDITURE

Political

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Check if travel outside of Texas. Complete

11 Complete ONLY if direct expenditure to benefit

Office sought

Dist 4

Office held

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

POL T CAL EXPEND TURES
ADE FRO PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 2 FI

1

3 Filer ID (Ethics Commission Filers)

4 Date

19

Joe's Place

5 ($)

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(b) Description

expenditure to benefit

Candidate / name

Office

Office held

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category

(b) Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

(b) Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED