# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST    CU-   NICKNAME LAST	SUFFIX	OFFICE USE ONLY  Date Received			
	Kiesch	rick	FILED FOR RECORD AT (1:4) A M			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 15233 Pecos	Rive D	JAN 15 REC'D 1/15/2022			
Change of Address	(orpos (hrisa!)	TA 70410 .	CLER POUR DOUBLE A CES COMUTY TEXAS			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (36/) 726-5237	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR FIRST	~ MI	Receipt # Amount \$			
NAME	NICKNAME LAST		Date Processed			
	NICKNAME LAST	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  / 8/// FM 630	UITE #; CITY;	STATE; ZIP CODE			
(Residence or Business)	Oden, Tx	78370				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 884-8897	EXTENSION				
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	THROUGH 12	Day Year / 31 / 19			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary General	Runoff Other Description Special	Contested			
12 OFFICE	Nucces Co, Tax As	13 OFFICE SOUGHT (if known	)			
	Carrax NS					
			=			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sevin K	le Christe	5 Filer ID (Ethics Commission Filers)			
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	COMMITTEE NAME				
	GENERAL	1/h				
	SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASPRER NAME				
	,	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDGI	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1800.00			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED		\$			
	4. TOTAL POLITICAL EXPENDITURES		\$ 1750.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 1,273.80			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$			
18 AFFIDAVIT		laugas as offirm under panelty of	orium, that the common ing report is			
			perjury, that the accompanying report is prmation required to be reported by me			
SULAY PULL	SUZAN COX	under Title 15, Election Code.				
Notary Public, State of Texas Comm. Expires 10-27-2023						
Notary ID 10273072 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said Kevin Kieschnick, this the 15						
day of January, 20 <u>20</u> , to certify which, witness my hand and seal of office.						
Sugar	Cox	Suzan Cox	Notary Public			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
Bound Kieschich	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1800.00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1750,00
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	SCHEDULE SUBTOTALS  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ Jason Mask 6 Contributor address; City; State; Zip Code 410 Shorida ((, Tx 78417 150.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Camram Properties LLC Contributor address; City; State; Zip Code PC 364 4267 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Teresa Skags Contributor address; City; State; Zip Code 4501 Cobblestone N 11/08/19 400.00 Employer (See Instructions) Principal occupation / Job title (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. 7 Amount of contribution (\$) 250,00 4223 South Akmeda (aps Chaste 7x 18412) 1. Inh title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Drink Vine + More (CC Contributor address; City; State; Zip Code 250,00 Principal occupation / Job title (See Instructions) S10 N. Chaparra | (orpus Christ TX 7840) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_) Date Amount of contribution (\$) Jeff Allen Jr. Contributor address: City: State: Zip Code 2450 Fonden Rd Ste 100 Hooston 1x 7706 250,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Contributor address: State; Zip Code 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N  The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME, Kevin Kiechnich		3 Filer ID (Ethics Commission Filers)
4 Date 8/1/19	S Payee name Calaller Touchdown	Clob	
6 Amount (\$)	7 Payee address;  4001 Willest Drie  (a) Category (See Categories listed at the top of this schedule)	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	Advortising	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/01/19	Nuces Co. Republ.	Lun Pads	
Amount (\$)	Payee address;	City;	State; Zip Code
1250.00		_	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Filipo Fee	Filipp	Fce
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED