

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">4</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">Kevin      R</div> <hr/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Kieschnick</div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <div style="font-size: 1.5em; text-align: center;">FILED FOR RECORD AT 3:00 PM AUG 14 2014</div> <hr/>                     Date Hand Delivered or Postmarked                      By: <u>Diana T. Barbera</u> Deputy  <hr/>                     Receipt #      Amount  <hr/>                     Date Processed  <hr/>                     Date Imaged                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.2em;">15233 Pecos River Drive Corpus Christi, TX 78410</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(361)      726-5232</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">Michael</div> <hr/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Kieschnick</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.2em;">18111 FM 630 Odem, TX 78370</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(361)      888-8897</div>		
<b>9 REPORT TYPE</b>	<input 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 checked="" 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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <div style="font-size: 1.2em;">01 / 01 / 14      06 / 30 / 14</div>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <div style="font-size: 1.2em;">08 / 06 / 12</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <div style="font-size: 1.2em;">Tax Assessor - Collector</div>	<b>13 OFFICE SOUGHT (if known)</b>	

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# 2014-126

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 500<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 219.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 296.16

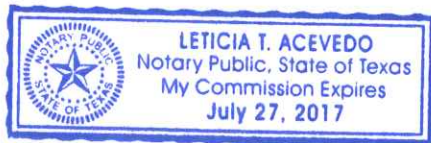
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 AFFIDAVIT

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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Kieschnick, this the 14th day of August, 20 14, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Leticia T. Acevedo

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/05/14	Lineberger, Goggan, Blair, Sampson 6 Contributor address; City; State; Zip Code P.O. Box 17428, Houston, TX 78760	500 <sup>00</sup>	
9 Principal occupation / Job title (See Instructions) Collectors		10 Employer (See Instructions)	
<del>Date</del>	<del>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</del>	<del>Amount of contribution (\$)</del>	<del>In-kind contribution description (if applicable)</del>
<del>Contributor address; City; State; Zip Code</del>		<del>(If travel outside of Texas, complete Schedule T)</del>	
<del>Principal occupation / Job title (See Instructions)</del>		<del>Employer (See Instructions)</del>	
<del>Date</del>	<del>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</del>	<del>Amount of contribution (\$)</del>	<del>In-kind contribution description (if applicable)</del>
<del>Contributor address; City; State; Zip Code</del>		<del>(If travel outside of Texas, complete Schedule T)</del>	
<del>Principal occupation / Job title (See Instructions)</del>		<del>Employer (See Instructions)</del>	
<del>Date</del>	<del>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</del>	<del>Amount of contribution (\$)</del>	<del>In-kind contribution description (if applicable)</del>
<del>Contributor address; City; State; Zip Code</del>		<del>(If travel outside of Texas, complete Schedule T)</del>	
<del>Principal occupation / Job title (See Instructions)</del>		<del>Employer (See Instructions)</del>	
<del>Date</del>	<del>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</del>	<del>Amount of contribution (\$)</del>	<del>In-kind contribution description (if applicable)</del>
<del>Contributor address; City; State; Zip Code</del>		<del>(If travel outside of Texas, complete Schedule T)</del>	
<del>Principal occupation / Job title (See Instructions)</del>		<del>Employer (See Instructions)</del>	

**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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME Keon Kieschnick	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name CCPRA	
<b>6</b> Amount (\$) 144 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2832 CR 763, Corpus Christi, TX 78415	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Other: Membership Dues	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/05/14	Payee name LULAC #1	
Amount (\$) 75 <sup>00</sup>	Payee address; City; State; Zip Code 3516 Holly Rd Corpus Christi, TX 78415	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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