

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: <div style="text-align: center; font-size: 2em;">6</div> | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Kevin R Kieschnick</div> | OFFICE USE ONLY Date Received <div style="color: blue; font-weight: bold;">FILED FOR RECORD AT 3:03 PM</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">JUL 02 2015</div> KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY <u>Rebecca Lynn</u> DEPUTY | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15233 Pecos River Drive Corpus Christi, TX 78410 | Date Hand-delivered or Date Postmarked | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 726-5232 | Receipt # Amount \$ Date Processed Date Imaged | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Michael Kieschnick</div> | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18111 FM 360 630 Odem, TX 78370 | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 884-8897 | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" 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 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) |
| <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) | | | | | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01 / 01 / 15 THROUGH 06 / 30 / 15 | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 06 / 12 | 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) Nueces County Tax Assessor-Collector | 13 OFFICE SOUGHT (if known) | | | | | | | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kevin Kieschnick 15 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.

| | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | <u>NA</u> |
| | | 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 | \$ <u>- 0 -</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>2,500⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>43.00</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>999.00</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>1513.16</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>- 0 -</u> |

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.

SUZAN COX
Notary Public, State of Texas
My Commission Expires
October 27, 2015

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Kieschnick, this the 2nd day of July, 20 15, to certify which, witness my hand and seal of office.

| | | |
|---|--|-------------------------------------|
| <u>Suzan Cox</u> | <u>Suzan Cox</u> | <u>Administrative Secretary</u> |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2500.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ -0- |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ -0- |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ -0- |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 849.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ -0- |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ -0- |
| 8. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ -0- |
| 9. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ -0- |
| 10. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 150.00 |
| 11. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0- |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Kevin Kieschnick

3 Filer ID (Ethics Commission Filers)

4 Date

6/15/15

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

Gene M. Valentino

7 Amount of contribution (\$)

2,500.00

6 Contributor address; City; State; Zip Code

15026 Innerarity Point Rd.
Pensacola, FL 32507

8 Principal occupation / Job title (See Instructions)

Film Production / Executive Producer

9 Employer (See Instructions)

Forever Mour Films

~~Date~~

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

~~Amount of contribution (\$)~~

~~Contributor address; City; State; Zip Code~~

~~Principal occupation / Job title (See Instructions)~~

~~Employer (See Instructions)~~

~~Date~~

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

~~Amount of contribution (\$)~~

~~Contributor address; City; State; Zip Code~~

~~Principal occupation / Job title (See Instructions)~~

~~Employer (See Instructions)~~

~~Date~~

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

~~Amount of contribution (\$)~~

~~Contributor address; City; 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 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) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Kevin Kieschnick | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/25/15 | 5 Payee name Corpus Christi Pistol & Rifle Club | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 2832 FM 763 Corpus Christi, TX 78415 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense - Deposit | (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 6/26/15 | Payee name Bucket Works | |
| Amount (\$) 599.00 | Payee address; City; State; Zip Code 711 North Commerce Carancahan ste 1603 Corpus Christi, TX 78401 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Management 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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | |
|---------------------------------------|---|---|---------------------------------------|
| 1 Total pages Schedule I: 1 | 2 FILER NAME Kevin Kieschnuk | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/20/15 | 5 Payee name Al Amin | | |
| 6 Amount (\$) 50.00 | 7 Payee address; City; State; Zip Code 2001 Sunside Road Corpus Christi, TX 78409 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) Donation - Shriner's Circus by office holder | (b) Description (See instructions regarding type of information required.) | |
| Date 6/20/15 | Payee name Special Olympics - Area 2 | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 1804 Rutherford Lane Austin, TX 78752 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Donation by office holder | Description (See instructions regarding type of information required.) Donation | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED