



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

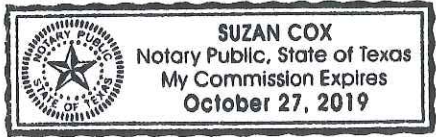
14 C/OH NAME Kevin Kieschnick 15 Filer ID (Ethics Commission Filers)

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>N/A</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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 15.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3669.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 822.00
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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Kieschnick, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

Suzan Cox Signature of officer administering oath  
Suzan Cox 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

*Kevin Kieschnick*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3000.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 3469.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 200.00
12.	<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:

3

2 FILER NAME

Kevin Kieschnide

3 Filer ID (Ethics Commission Filers)

4 Date

7/17/15

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

Robert E. Parker

6 Contributor address; City; State; Zip Code

P.O. Box 9316 Corpus Christi, TX 78469

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Commercial Contractor

9 Employer (See Instructions)

REPCON Inc

Date

7/28/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tom Grover

Contributor address; City; State; Zip Code

3680 U.S. 77 Corpus Christi, TX 78410

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Auto Sales

Employer (See Instructions)

Access Ford

Date

7/29/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brandi + Thomas Burleson

Contributor address; City; State; Zip Code

191 CR Rd 307 Orange Grove, TX 78372

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Commercial Contracting

Employer (See Instructions)

Self

Date

7/29/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

George Gongora

Contributor address; City; State; Zip Code

1005 Zarsky CC, TX 78412

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

*Kevin K. Eschmidt*

3 Filer ID (Ethics Commission Filers)

4 Date

*7/29/15*

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

*Mike Pusley*

7 Amount of contribution (\$)

*300.00*

6 Contributor address; City; State; Zip Code

*3916 Cattle Valley Corpus Christi, TX 78410*

8 Principal occupation / Job title (See Instructions)

*Retired / County Commissioner*

9 Employer (See Instructions)

*Nueces County*

Date

*7/29/15*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Tenco Services LLC*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

*P.O. Box 490 Odem TX 78370*

Principal occupation / Job title (See Instructions)

*Transportation - Trucking*

Employer (See Instructions)

*Trucking Self - Tanny Temple*

Date

*7/29/15*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Lineberger Gogain Blair & Sampson L.L.P.*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*P.O. Box 17428 ~~Corpus Christi~~ Austin, TX 78760*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*7/29/15*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Ed Hicks Nissan, LTD*

Amount of contribution (\$)

*250.00*

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

*Franchise Dealer*

Employer (See Instructions)

*Car Sales*

**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.

1 Total pages Schedule A1: **3**

2 FILER NAME

*Kevin Kieschnick*

3 Filer ID (Ethics Commission Filers)

4 Date

*7/29/15*

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

*Brent Chesney*

7 Amount of contribution (\$)

*250.00*

6 Contributor address; City; State; Zip Code

*P.O. Box 9609 Corpus Christi, TX 78469*

8 Principal occupation / Job title (See Instructions)

*Attorney / Title Company*

9 Employer (See Instructions)

*First Title*

Date

*9/14/15*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Carolyn & Gary Vaughn*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*P.O. Box 261025 Corpus Christi, TX 78426*

Principal occupation / Job title (See Instructions)

*Oilfield Services*

Employer (See Instructions)

*Self - Vaughn Energy Services*

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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <i>Kevin Kieschnide</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/29/15</i>	<b>5</b> Payee name <i>Corpus Christi Pistol &amp; Rifle Club</i>	
<b>6</b> Amount (\$) <i>411.69</i>	<b>7</b> Payee address; City; State; Zip Code <i>2832 FM 763 Corpus Christi, TX 78415</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fundraiser Event</i>	<b>(b)</b> Description <input type="checkbox"/> Check 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: <i>Kevin Kieschnide</i> Office sought: _____ Office held: <i>Tax Assessor-Collector</i>	

Date <i>7/29/15</i>	Payee name <i>Bucket Works</i>	
Amount (\$) <i>473.26</i>	Payee address; City; State; Zip Code <i>711 North Cerancahua Ste 1603 Corpus Christi, TX 78401</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Mgmt. Fee</i>	Description <input type="checkbox"/> Check 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 <i>8/17/15</i>	Payee name <del>Bonquet</del> <i>Bonquet Athletic Booster</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>4339 4th Street Bonquet, TX 78339</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <input type="checkbox"/> Check 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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/30/15</b>	<b>5</b> Payee name <b>HEB # 184</b>	
<b>6</b> Amount (\$) <b>133.15</b>	<b>7</b> Payee address; City; State; Zip Code <b>11100 Leopard Corpus Christi, TX 78410</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense Fundraiser</b>	<b>(b)</b> Description <input type="checkbox"/> Check 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 <b>7/30/15</b>	Payee name <b>HEB # 184</b>	
Amount (\$) <b>265.06</b>	Payee address; City; State; Zip Code <b>11100 Leopard Corpus Christi, TX 78410</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Beverage expense - Fundraiser</b>	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 <b>9/11/15</b>	Payee name <b>Facebook Advertising</b>	
Amount (\$) <b>91.85</b>	Payee address; City; State; Zip Code <b>- Unknown Address -</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	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: _____	

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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>4</i>	<b>2</b> FILER NAME <i>Kevin Kieschide</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/25/15</i>	<b>5</b> Payee name <i>Lopez Broadcasting</i>	
<b>6</b> Amount (\$) <i>200.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>115 West Ave Robstown, TX 78380</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check 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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Date <i>11/17/15</i>	Payee name <i>Nueces County Republican Party</i>		
Amount (\$) <i>1250.00</i>	Payee address; City; State; Zip Code <i>4639 Corona Corpus Christi, TX 78411</i>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Filing Fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/17/15</i>	Payee name <i>Majic 104.9</i>		
Amount (\$) <i>350.00</i>	Payee address; City; State; Zip Code <i>115 West Ave. Robstown, TX 78380</i>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

<b>1</b> Total pages Schedule F1: <i>4</i>	<b>2</b> FILER NAME <i>Kevin Kirschnick</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/30/15</i>	<b>5</b> Payee name <i>Corpus Christi Pistol &amp; Rifle Club</i>	
<b>6</b> Amount (\$) <i>144.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>2832 F.M. 763 Corpus Christi TX 78415</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check 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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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: <b>1</b>	2 FILER NAME <b>Kevin Kieschmidt</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/11/15</b>	5 Payee name <b>I Believe in Me Foundation</b>		
6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>1701 Thames Drive #133 Corpus Christi, Tx 78412</b>		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>Donation</b>	(b) Description (See instructions regarding type of information required.) <b>Fundraiser 5K event</b>	
Date <b>11/23/15</b>	Payee name <b>West Side Business Association</b>		
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Donation Fiesta de Los Niños</b>	Description (See instructions regarding type of information required.) <b>Fiesta De Los Niños</b>	
Date <b>12/15/15</b>	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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