CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The OOH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST	R	OFFICE USE ONLY Date Received
	Nickname Last Kieschnick	SUFFIX	FILED FOR RECORD AT 12:55 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; (C) 15233 Pecos River Dr (Grpus Christ:, 7x 78410	CITY; STATE; ZIP CODE	JAN 1 5 2016 KARA SANDS CLERK COUNTY COURT NUECES COUNTY, TEXAS
Change of Address			DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 726-5232	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MB FIRST	MI	Receipt # Amount \$
NAME	Michael LAST	SUFFIX	Date Processed
	Kreschnick	33.1.11	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	Odem, Tx 78370		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36() 887-88	97	L.
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 15	THROUGH 12/	Day Year 15
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year A Primary	Runoff Other Description	
-		_ Uno	pposed
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
1	Tax Assessor - Collector	Some	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	levin Kies	chaicle 15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO CAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	The state of the s	POLITICAL CONTRIBUTIONS 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		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	\$ 822.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
	SUZAN COX ary Public, State of 1	true and correct and includes all information under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
M. Original M.	y Commission Expir October 27, 2019		lidate or Officeholder
Sworn to and subscribed before me, by the saidKevin Kieschnick, this the			
Sworn to and subscribed day of January	27.12	to certify which, witness my hand and seal of office.	this the
Signature of Officer a	dministering oath	Suzan Cox Printed name of officer administering oath	Notary Title of officer administering oath
			71-1113

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Comm			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3000.00		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 5 -	
4. SCHEDULE E: LOANS	\$ -0 -		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 3469.01		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -6-	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ -0 -		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ ~ -	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ -0-	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ -0-	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 200.00	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ -0-	
	A STATE OF THE STA		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) | Sevin Kieschnick | out-of-state PAC (ID#:______ 7 Amount of contribution (\$) 7/17/15 6 Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) (connection | Contractor | REPLON Inc. Date Amount of contribution (\$) 7/28/15 Tom Grover Contributor address; City; State; Zip Code 200.00 Principal occupation / Job title (See Instructions) Auto Sales Auto Sales Auto Sales Auto Sales Auto Sales Date Amount of contribution (\$) 1/29/15 Brandi + Thomas Burleson Contributor address; City; State; Zip Code 400.00 Amount of contribution (\$) 7/29/5 George Gongora Contributor address; City; State; Zip Code 100.00 Principal occupation / Job title (See Instructions) CC. TX 78412 Employer (See Instructions) Retired 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor ___ out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Mike Pusley 6 Contributor address; City; State; Zip Code 3916 Castle Valley Corpos Chrlst., Tx 78410 300.00 8 Principal occupation / Job title (See Instructions) Refind Court Commissions Nucles Courty Date Amount of contribution (\$) Temco Services LLC Contributor address; City; State; Zip Code P.O. Box 490 Oclem TX 78370 250.00 Principal occupation / Job title (See Instructions) 7/29/15 Line Barper Gogain Blair & Sampson L.C.P. Contributor address; City; State; Zip Code 10, Box 17428 Corpus (Last Austin, TX 78760 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Ed Hicks Wissen, LTD Contributor address; City; State; Zip Code 2.50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Franchise Pegler B 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Brent Chesney 6 Contributor address; City; State; Zip Code P.O. Dox 7609 Corpus Christ., Tr. 7469 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Carolyn & Gary Vaughn Contributor address; City; State; Zip Code P.O. Box 261025 Corpus Christ, Tx 78726 500.00 Principal occupation / Job title (See Instructions) O: Ifield Services Employer (See Instructions) Self - Vargh Energy Servles Date 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 Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kevin Kleschnide 4 Date 5 Pavee name 7 Payee address; City; State; Zip Code 6 Amount (\$) 2832 FM 763 Corpus Christ, Tx 28415 411.69 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Fund raiser Event **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Kevin Kieschnel Pax Assessor - Collector Payee name Bucket Works 7/29/15 Amount (\$) Payee address; City; State; Zip Code 711 North Carancahua Ste 1603 473.26 Corpus Christi, Tr 78401 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Mgmt. Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8/17/15 Payee address; City; State; Zip Code 4339 4th Street Amount (\$) 150.00 Ganguete, 7x 78339 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertisement OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Salaries/Waces/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/30/15	5 Payee name HEB # 184		
6 Amount (\$)	7 Payee address; City; State; Zip Code IIIOO (coperd Corps Chist:) + 7840		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverye Expose Fundraiser		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
7/30/15	Payee name HEB # 184		
Amount (\$)	Payee address; City; State; Zip Code		
265.06	(Corpus Christ:) + 78410		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beronge Cxpnsc - Endraise		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9/11/15 Amount (\$)	Payee name Facebook Adurtishy Payee address; City; State; Zip Code		
91.85	- Unknown Address -		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adurtishe Experse		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Kieschaide		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/15	5 Payee name Lopez Broadcasting		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
200.00	Robston, Tx 78380	Ų.	<i>I</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Achieve the same Experse		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/17/15	Nueces (ounty Republican Payee address; City; State; Zip Code	Park	
Amount (\$)	Payee address; City; State; Zip Code		
1250.00	4639 Corona Corpus Christi, TX 78411		
	Category (See Categories listed at the top of this schedule)	Description	Lilla (IT O) of the T
PURPOSE OF EXPENDITURE	Filing Fee		lside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/17/15	Mai: 104.9		
Amount (\$)	Payee address; City; State; Zip Code		
350.00	Robstown, Tx 78380		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Crons C		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY 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 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 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 F1:	Rein Kien Cul		Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/30/15	5 Payee name Corpus Christ: Pistel & Rifle 7 Payee address; City; State; Zip Code	Cob	
6 Amount (\$)			
144.00	2832 F.m. 763 Corpus Chron	: 7x 78415	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	<u> </u>	Check if travel outside	of Texas. Complete Schedule T.
OF	tees	Check if Austin, TX,	officeholder living expense
EXPENDITURE		100	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	3.0		
Amount (\$)	Payee address; City; State; Zip Code		
(+)	rayou address, only, state, 2p oode		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of	of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX,	officeholder living expense
EXPENDITURE		100	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	THE SHARE STATE OF THE STATE OF	
			S
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of	f Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1		
ATTACH ADDITIONAL CODIES CTTTTS CONTROL			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Keun Blechnik		
4 Date	5 Payee name		
8/11/15	I Believe in Me Foundation		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100 -	1701 Thames Drive # 133		
100.00	Corpus Christ: 1x 78412		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Λ	C	
	Donakhn	Fundader 5K event	
Date	Payee name		
11/23/15	West Side Business Association	1	
Amount (\$)	Payee address; City; State; Zip Code		
100.00			
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information	
OF EXPENDITURE		required.)	
	Donation Fiest de les Ninas	Fiesta De Los Niños	
Date	Payee name		
12/13			
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
EXPENDITURE	5000 4	500 000000	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See instructions for examples of acceptable	Department (o	
PURPOSE OF	categories.)	Description (See instructions regarding type of information required.)	
EXPENDITURE			