CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

AND CONTRACTOR OF THE PARTY OF			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #: CITY:	STATE: ZIP CODE	FILED FOR RECORD
OFFICEHOLDER MAILING ADDRESS	15233 Pecas River D.	rive	Date Hand-delivered or Postmarked 15
change of address	Corpus Christ: TX	78410	Receipt #JANA T. BAMPUTERA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Clerk, County Court, Nusces County, Texas By Date Processes
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Michael	MI	Date Imaged Such Cen
NAME	NICKNAME LAST	SUFFIX	
	Kiechnik	×	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#, 1811 FM 630 Oden Tx 78370	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36() 884 - 8897	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	Year 14
11 ELECTION	ELECTION DATE Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
3	Nueces County Tax Assessor.	~	
	GOTC	2015-00	5

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 AC	COUNT # (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.					
additional pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE 2. TOTAL (OTHER	\$				
EXPENDITURE TOTALS	3. TOTAL F	6				
CONTRIBUTION BALANCE	5. TOTAL F	\$ 199.00				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$ _ 0~				
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 of Candidate or Officeholder						
Sworn to and subscribed before me, by the said						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense		Salaries/Wages/Co		pan Repayment/Reimbursement			
Accounting/Banking		Solicitation/Fundrai Travel In District		ansportation Equipment & Related Expense ontributions/Donations Made By			
Consulting Expense Event Expense		ravel Out Of Dist		Candidate/Officeholder/Political Committee			
Fees	5	Office Overhead/R		THER (enter a category not listed above)			
# C # C # C # C # C # C # C # C # C # C	The Instruction Guide e	xplains how to	complete this form				
1 Total pages Schedule F:	2 FILER NAME		ale	3 ACCOUNT # (Ethics Commission Filers)			
1	Kevin Kierchniel	C					
4 Date	5 Payee name						
# 8/11/14	Bucket Works						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
99.00	711 N. Caracahua	010 100		78401			
8 PURPOSE OF	(a) Category (See categories listed at the top or	this schedule)	65 10	travel outside of Texas, complete Schedule T)			
EXPENDITURE			Web ren				
	Other - Website Renew	oci (tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held			
experialture to benefit C/C	, , , , , , , , , , , , , , , , , , ,			2			
Date	Payee name	•					
11/25/14	West Side Busines		1				
Amount (\$)		e; Zip Code					
100.00	P.O. Box 5485	112 0					
	Category (See categories listed at the top of		Description (If	travel outside of Texas, complete Schedule T)			
PURPOSE OF	Category (see categories listed at the top of	Talls schedule)	100 100 A	la De Los Mhas			
EXPENDITURE	Contribution		Check if Aus	tin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held			
expenditure to benefit C/C	,			Ö Ö			
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
C.	. 5/25 2.00.0						
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, complete Schedule T)			
OF			Charle if Aug	stin, TX, officeholder living expense			
EXPENDITURE	0 1111110111111111111111111111111111111		Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought	Office field			
Date	Payee name						
			· · · · · · · · · · · · · · · · · · ·				
Amount (\$)	Payee address; City; Stat	e; Zip Code		V.			
				faculty of Tayer consists October 70			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)			
OF EXPENDITURE			Check if Au	stin, TX, officeholder living expense			
Complete ONLY if direct							
expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							