# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00067801		2 Total pages f	iled: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Kyle J.		MI	OFFICE  Date Received  ELECTRONIC	ALLY FILED
	NICKNAME	LAST Kacal		SUFFIX	07/17/2023	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT PO Box 6628	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked  Amount
Change of Address	College Station, TX 77805	j			Date Processed  Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Bryan		MI		
	NICKNAME	LAST Brown		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 1825 Brothers Blvd.	BOX PLEASE);	AP	T / SUITE #; CIT	Y; ST	ATE; ZIP CODE
(Residence or Business)	College Station, TX 77845	5				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (979) 219-3199	IE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15  X July 15	30th day before		Runoff  Exceeded modified reporting limit	15th day after ca appointment (off	
9 PERIOD COVERED	Month Day Year 01/01/2023	TH	IROUGH	Month Da 06/30/2		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary seneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	rict 12		12 OFFICE SOUGH State Represe	HT (if known) entative District 12	
	•	GO T	O PAGE 2	•		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Kacal, Kyle J. (The H	onorable)	<b>14</b> Filer ID (	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL	GENERAL					
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 53,663.75			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 48,419.28			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Hor	norable Kyle J. Kacal				
			Candidate or Officehol				
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 32 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00067801 Kacal, Kyle J. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 53,663.75 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	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)
	Sch: 1/29 Rpt: 4/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	01/03/2023	AT&T
6	Amount (\$) \$81.68	7 Payee address; City; State; Zip Code 917 William D. Fitch Pkwy  College Station, TX 77845
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign cell phone
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/01/2023	AT&T
	Amount (\$) \$81.76	Payee address; City; State; Zip Code 917 William D. Fitch Pkwy  College Station, TX 77845
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign cell phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2023	AT&T
	Amount (\$) \$81.72	Payee address; City; State; Zip Code 917 William D. Fitch Pkwy
		College Station, TX 77845
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign cell phone
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

### 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 (Contract Labor

	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)
	Sch: 2/29 Rpt: 5/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	03/31/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.72	917 William D. Fitch Pkwy
		College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/	Check if Austin, TX, officeholder living expense  Campaign cell phone
		Campaign ceil phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	05/01/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.65	917 William D. Fitch Pkwy
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign cell phone
		Campaign con phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payeo namo
	06/01/2023	Payee name AT&T
	Amount (\$) \$81.65	Payee address; City; State; Zip Code 917 William D. Fitch Pkwy
	φ61.05	917 William D. Fitch Fkwy
		College Station TV 77045
		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign cell phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/29 Rpt: 6/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	06/30/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.65	917 William D. Fitch Pkwy
		College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign cell phone
		Campaign ceil phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Dougo nama
		Payee name
	01/31/2023	American Momentum Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	4030 State Highway 6 S., Suite 100
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Special statement fee for campaign account
		Special statement ree for campaign account
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/28/2023	Payee name
		American Momentum Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	4030 State Highway 6 S., Suite 100
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Special statement fee for campaign account
		Special statement lee for campaign account
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sali		iges	Contract Labor		OTHER (enter	a category not listed a	bove)
				The Instruction Gu	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 4/29 Rpt: 7/32		Kacal, Kyle	J. (The Honorab	ole)					00067801		
4	Date	5	Payee name									
	03/31/2023		American M	omentum Bank								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	е					
	\$5.00		4030 State I	Highway 6 S., S	uite 100							
			College Stat	tion, TX 77845								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	) (	b)	Description				
	OF EXPENDITURE		Accounting/					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							<b>—</b>		officeholder livir		
								Special state	me	nt fee for ca	ampaign accou	ınt
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office	e soug	ht			Office h	neld	
		_										
	Date		Payee name									
	04/28/2023		American M	omentum Bank								
	Amount (\$)		Payee addres	ss; City;	State; Zi <sub>l</sub>	p Cod	е					
	\$5.00		4030 State I	Highway 6 S., S	uite 100							
			College Stat	tion, TX 77845								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	) (	b)	Description				
	OF EXPENDITURE		Accounting/l	Banking				<b>-</b>			mplete Schedule T.	
								ш		officeholder livir	<sup>ig expense</sup> ampaign accou	ınt
								Special state	IIIC	int ice ioi ci	ampaign accou	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office	e soug	ht			Office h	neld	
	expenditure to benefit C/O		Janaiaate/Onic	seriolaer riame	Office	Joug				Office i	icia	
_	Date	Г	Davisa nama									
	05/31/2023		Payee name	omentum Bank								
					04-4 7	- 01	-					
	Amount (\$)		Payee addres	•	State; Zij	p Coa	е					
	\$5.00		4030 State i	Highway 6 S., S	uite 100							
			0.11	TV 77045								
			College Stat	tion, TX 77845								
	PURPOSE OF	(a)	,	e Categories listed at th	ne top of this schedule	) [(	b)	Description	outoi.	do of Toyon Co	mulata Cabadula T	
	EXPENDITURE		Accounting/	Banking						officeholder livir	nplete Schedule T.	
								ш			ampaign accou	ınt
								•				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e soug	ht			Office h	neld	
	expenditure to benefit C/O					,						
l												

### 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

Great Gara F ayment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/29 Rpt: 8/32	Kacal, Kyle J. (The Honorable)	00067801
4 Date	5 Payee name	·
06/30/2023	American Momentum Bank	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$5.00	4030 State Highway 6 S., Suite 100	
	College Station, TX 77845	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Special statement fee for campaign account
		programme and the programme an
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
02/17/2023	B/CS Chamber of Commerce	
Amount (\$)	Payee address; City; State; Zip C	ode
\$325.00	1733 Briarcrest Drive, Suite 200	
	Bryan, TX 77802	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  C/OH Membership Dues
		C/C// Momboletinp 2000
Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
05/27/2023	Brazos County Youth Livestock Association	
Amount (\$)	Payee address; City; State; Zip C	ode
\$4,214.66	P. O. Box 5725	
	Bryan, TX 77805	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Donation to 2023 livestock show
		Donation to 2020 invocation only
Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held
expenditure to benefit C/O		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memor Legal Services  The Instruction	ials Expense  Guide explains		Wages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Cabadula F1:	12			•				12	Filer ID	(Ethios Commission Filoro	
1	Total pages Schedule F1: Sch: 6/29 Rpt: 9/32	2		J. (The Hono	rable)				3	Filer ID 00067801	(Ethics Commission Filers	)
4	Date	5	Payee name									
	02/15/2023		Brazos Valle	ey Republica								
6	Amount (\$) \$500.00	7	Payee address 1640 Briarcr	est Dr., Ste.		e; Zip Co	ode					
			Bryan, TX 7	7802								
8	PURPOSE	(0)	-				(b)	Description				
ľ	OF	رم) 			at the top of this sch	nedule)	(1)	Description	outci	do of Toyas Con	nplete Schedule T.	
	EXPENDITURE			s/Donations	маае ву olitical Comn	nittoo				officeholder livin	•	
			Carididate/C	/iliceriolaei/F	Unitical Curini	iiiiee		Reagan Dinn				
								rtoagan ziini		· data opon	оо. ор	
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholder name		Office sou	ıaht			Office h	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		zandidate/Onic	zenoidei name		Office Soc	ıgnı			Office fi	eiu	
	Date		Payee name									
	01/30/2023		Capitol Gift	Shop								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$193.77		1400 Congre	ess Ave, Suit	e E1.006							
			· ·	·								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations	,			<b>=</b>			nplete Schedule T.	
			Candidate/C	Officeholder/F	olitical Comm	nittee		<b>—</b>		officeholder livin		
											auction items for the Party Reagan Dinner	
								Gillies Court	цу г	Republican	raity Reagan Diffier	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(	Office sou	ıght			Office h	eld	
-	Date	Г	Dayoo namo									_
	04/21/2023		Payee name Capitol Gift	Shon								
	Amount (\$)		Payee addres			; Zip Co	ode					
	\$140.73		1400 Congre	ess Ave, Suit	e E1.006							
			Austin, TX 7	8701								
	PURPOSE OF	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE			s/Donations							nplete Schedule T.	
			Candidate/C	officeholder/F	olitical Comm	nittee				officeholder livin		
								ILETTIS TOT AMO	iei S	OU VED AN	nual Fundraiser	
							<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(	Office sou	ıght			Office h	eld	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/29 Rpt: 10/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	06/15/2023	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.30	1400 Congress Ave, Suite E1.006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Items for Texas Poultry Federation fundraiser
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2023	Cirkut Panoramic Photographs
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.00	P.O. Box 99
		Hillsboro, WV 24946
	DUDDO05	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		House composite photo for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/31/2023	Davis, Creager
		-
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 701 Luther Street West, Unit 404
	\$200.00	701 Luttler Street West, Offic 404
		College Station, TX 77840
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
		Some destruction our pargrisorvides
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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	n Filers)
	Sch: 8/29 Rpt: 11/32	Kacal, Kyle J. (The Honorable) 00067801	
4	Date	5 Payee name	
	01/10/2023	GM Financial	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,668.33	Attn: APP DEPT	
		P. O. Box 183621	
		Arlington, TX 76096-3621	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Transportation Equipment & Related  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Rental car for campaign	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to beliefit c/of		
	Date	Payee name	
	02/10/2023	GM Financial	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,668.33	Attn: APP DEPT	
		P. O. Box 183621	
		Arlington, TX 76096-3621	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
		Expense Check if Austin, TX, officeholder living expense	
		Rental car for campaign	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	D-4-		
	Date	Payee name  CM Financial	
	03/10/2023	GM Financial	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,668.33	Attn: APP DEPT	
		P. O. Box 183621	
		Arlington, TX 76096-3621	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense	
		Expense Check if Austin, TX, officeholder living expense  Rental car for campaign	
		, tomas our for our page.	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H			

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 9/29 Rpt: 12/32	2 FILER NAME Kacal, Kyle J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067801
4	Date 04/10/2023	5 Payee name GM Financial	<u>I</u>
	Amount (\$) \$1,668.33	7 Payee address; City; State; Zip Code Attn: APP DEPT P. O. Box 183621 Arlington, TX 76096-3621	
8	PURPOSE OF EXPENDITURE	Transportation Equipment a related	outside of Texas. Complete Schedule T. n, TX, officeholder living expense or campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/10/2023	Payee name GM Financial	
	Amount (\$) \$1,668.33	Payee address; City; State; Zip Code Attn: APP DEPT P. O. Box 183621 Arlington, TX 76096-3621	
	PURPOSE OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T. n, TX, officeholder living expense or campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/12/2023	Payee name GM Financial	
	Amount (\$) \$1,668.33	Payee address; City; State; Zip Code Attn: APP DEPT P. O. Box 183621 Arlington, TX 76096-3621	
	PURPOSE OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T. n, TX, officeholder living expense or campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 10/29 Rpt: 13/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	01/04/2023	Gables West Avenue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,503.00	300 West Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Lodging for officeholder in Austin (January 2023)
		2539.119 151 511.051.01051 1117 1351.11 (531.1341) 2525)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	
	Date	Payee name Cables West Avenue
	02/02/2023	Gables West Avenue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,585.43	300 West Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Lodging for officeholder in Austin (February 2023)
	Commission ONLL V. if disposit	Condidate/Office holder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/07/2023	Gables West Avenue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,552.07	300 West Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Lodging for officeholder in Austin (March 2023)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	'

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt: 14/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	04/04/2023	Gables West Avenue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,558.34	300 West Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Loughly for officeriolder in Adstin (April 2023)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Dougo nama
	05/02/2023	Payee name
		Gables West Avenue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,560.30	300 West Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		<ul> <li>X Check if Austin, TX, officeholder living expense</li> <li>Lodging for officeholder in Austin (May 2023)</li> </ul>
		Lodging for omeencides in Additi (way 2020)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	06/02/2023	Payee name Gables West Avenue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,584.38	300 West Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for officeholder in Austin (June 2023)
		Loughly for omochoider in Additi (outle 2020)
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	nplete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/29 Rpt: 15/32	Kacal, Kyle J. (The Honorable)		00067801
4	Date	5 Payee name		
	01/03/2023	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$31.62	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	rescription
	OF EXPENDITURE	Office Overhead/Rental Expense	Ę	Check if travel outside of Texas. Complete Schedule T.
	<b>2</b> /4 <b>2</b> /12 <b>1</b>		Ĺ	Check if Austin, TX, officeholder living expense
			C	Campaign email management
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	jht	Office held
	experialitate to bettern over	·		
	Date	Payee name		
	02/02/2023	Google		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$31.62	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
			Ĺ	Check if Austin, TX, officeholder living expense
			C	Campaign email management
_	Chill M Malling at	0,500		000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	03/02/2023	Google		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$31.62	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	L	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Campaign email management
			C	ampaign email management
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ınt	Office held
	experience to benefit eye.			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/29 Rpt: 16/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	04/03/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.62	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email management
		Campaign email management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/02/2023	Google
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
		, , , , , , , , , , , , , , , , , , ,
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email management
		Campaign email management
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/02/2023	Google
H	Amount (\$)	Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
	, , , , , ,	, , , , , , , , , , , , , , , , , , ,
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email management
		Campaign email management
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
ı		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/29 Rpt: 17/32	2 FILER NAME Kacal, Kyle J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067801
4	Date 01/26/2023	5 Payee name Grimes County Republican Party
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 12110 Hale Ln.
8	PURPOSE OF EXPENDITURE	Plantersville, TX 77363  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tickets to the 2023 GCRP Reagan Dinner
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/28/2023	Payee name HEB
	Amount (\$) \$165.87	Payee address; City; State; Zip Code H-E-B, 12407 N Mopac Expy.  Austin, TX 78758
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/29/2023	Payee name HEB
	Amount (\$) \$88.80	Payee address; City; State; Zip Code H-E-B, 12407 N Mopac Expy.
		College Station, TX 78758
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/29 Rpt: 18/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	03/13/2023	Hearne Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	P. O. Box 765
		Hearne, TX 77859
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  C/OH Membership Dues
		C/OTT Membership bacs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/03/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.58	10019 S. IH35
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water cooler rental for capitol office
		Water cooler rental for capitor office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	02/03/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.56	10019 S. IH35
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Water cooler rental for capitol office
	0 1 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/29 Rpt: 19/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	03/02/2023	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.07	10019 S. IH35
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Water cooler rental for capitol office
		water cooler rental for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/04/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.57	10019 S. IH35
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Water cooler rental for capitol office
		valer cooler remainer capitor office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/02/2023	Hill Country Springs Water
	Amount (\$)	7 7 9
	\$53.57	Payee address; City; State; Zip Code 10019 S. IH35
	φου.ο1	10019 S. IRSS
		A C . TV 70747
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water cooler rental for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/29 Rpt: 20/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	06/02/2023	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.56	10019 S. IH35
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Water cooler rental for capitol office
		water cooler rental for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	Para a sana
	Date	Payee name
	01/03/2023	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.68	10515 N. Mopac Expy.
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Extension cord for capitol office
		Extension cord for capitor office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/03/2023	Payee name
		Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.23	10515 N. Mopac Expy.
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Coax cable and extension cord for capitol office
		Coax cable and extension cord for capitol office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/29 Rpt: 21/32	Kacal, Kyle J. (The Honorable)
4 Date	5 Payee name
01/26/2023	KMVL-FM
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,600.00	102 West Main Street
	Madisonville, TX 77864
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign advertising
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/17/2023	King Ranch Saddle Shop
Amount (\$)	Payee address; City; State; Zip Code
\$782.65	201 East Kleberg
	P.O. Box 1594
	Kingsville, TX 78363
PURPOSE	- I
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Memorials Expense
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	End of session committee gift for Chairman Herrero
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/21/2023	Law Offices of Kevin C. Stewart
Amount (\$)	Payee address; City; State; Zip Code
\$625.00	6801 Yaupon Drive
	Austin, TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Ethics consulting fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
SAPORGINATO TO DOTTONE O/O	•

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/29 Rpt: 22/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	05/15/2023	Law Offices of Kevin C. Stewart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$625.00	6801 Yaupon Drive
		Austin, TX 78759
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ethics consulting fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/02/2023	Madison County Chamber of Commerce
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	113 West Trinity
	*******	
		Madisonville, TX 77864
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		, and a charact sample of the control of the contro
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	05/15/2023	Madison County Fair Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,150.00	P.O. Box 1151
		Madisonville, TX 77864
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/2/10/12	Candidate/Officeholder/Political Committee
		Donation to 2023 livestock show
$\vdash$	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
l		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/29 Rpt: 23/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	01/24/2023	Navasota Grimes County Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	P. O. Box 530
		Navasota, TX 77868
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  C/OH Membership Dues
		O/O/I Wellbership Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ì	expenditure to benefit C/O	
	Date	Payee name
	01/05/2023	North Zulch VFD Auxillary
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 65
		North Zulch, TX 77872
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Annual Chili Cookoff Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Paras manua
	Date 04/10/2023	Payee name Robertson County Fair Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1366
		Franklin, TX 77856
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to 2023 livestock show
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1 

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 21/29 Rpt: 24/32	Kacal, Kyle J. (The Honorable)  Call (Ethics Commission Files)  Call (Ethics Commission Files)
4	Date	5 Payee name
	01/17/2023	Robertson County Republican Party
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P. O. Box 214
_	DUDDOGE	Hearne, TX 77859
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Reagan Day Dinner
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/07/2023	Ryan Data & Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	P. O. Box 202675
		Austin, TX 78720-2675
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Research report
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2023	Seidel Schroeder
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,325.00	1575 Crescent Pointe Pkwy
		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign accounting services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to beliefft G/O	•
ı		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/29 Rpt: 25/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	02/28/2023	Seidel Schroeder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.00	1575 Crescent Pointe Pkwy
		College Station, TX 77845
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign accounting services
		Campaign accounting 3ct vices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	03/31/2023	Seidel Schroeder
	Amount (\$)	Payee address; City; State; Zip Code
	\$285.00	1575 Crescent Pointe Pkwy
		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign accounting services
		Campaign accounting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/30/2023	Seidel Schroeder
	Amount (\$)	Payee address; City; State; Zip Code
	\$380.00	1575 Crescent Pointe Pkwy
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign accounting services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
			The Instruction G	uide explains how to co	ompl	ete this form.						
1	Total pages Schedule F1:	2 FILER NAI	ME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 23/29 Rpt: 26/32	Kacal, Ky	le J. (The Honoral	ble)				00067801				
4	Date	5 Payee nan	ne									
	06/30/2023	Seidel Sc										
6	Amount (\$)	<b>7</b> Payee add	ress; City;	State; Zip Co	ode							
	\$275.00	1575 Cre	scent Pointe Pkwy	/								
		College S	Station, TX 77845									
8	PURPOSE	(a) Category	(See Categories listed at t	he top of this schedule)	(b)	Description						
	OF		ng/Banking	no top or ano ochodalo,			outsi	de of Texas. Con	nplete Schedule T.			
	EXPENDITURE					Check if Austin,	, TX,	officeholder living	g expense			
						Campaign ac	COL	unting servi	ces			
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office h	eld			
	experialture to benefit C/Oi	1										
	Date	Payee nan	ne									
	05/27/2023	Still Cree	k Ranch									
	Amount (\$)	Payee add	lress; City;	State; Zip Co	ode							
	\$1,200.00	6055 Hea	rne Road									
		Bryan, T≻	C 77808									
	PURPOSE	(a) Category	(See Categories listed at the	he top of this schedule)	(b)	Description						
	OF EXPENDITURE		ions/Donations Ma			Check if travel	outsi	de of Texas. Con	nplete Schedule T.			
EXI ENDITORE		Candidate	e/Officeholder/Poli	tical Committee		ш		officeholder living				
						2023 Still Cre Sponsorship	ek	Gold Cup (	Golf Scramble			
						· ·						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office h	eld			
	experiantare to benefit Great											
	Date	Payee nan										
	04/28/2023	Texas De	partment of Crimi	nal Justice								
	Amount (\$)	Payee add	lress; City;	State; Zip Co	ode							
	\$162.38	P. O. Box	4013									
		Huntsville	e, TX 77342-4013									
	PURPOSE	(a) Category	(See Categories listed at t	he top of this schedule)	(b)	Description						
	OF EXPENDITURE		ions/Donations Ma						nplete Schedule T.			
		Candidate	e/Officeholder/Poli	tical Committee		ш		officeholder living	g expense			
						Auction items	•					
_	Complete ONLY if direct	Candidata	Officeholder name	Office sou	lapt			Office h	ald			
	expenditure to benefit C/OI		Amoendidel Haille	Office Sol	agrit			Onice II	GIU			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/29 Rpt: 27/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	03/07/2023	Texas Department of Criminal Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,629.17	P. O. Box 4013
		Huntsville, TX 77342-4013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Constituent gift and auction items
		Constituent gift and adeaton terms
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/15/2023	Texas House Republican Caucus
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 13305
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  2023 Officeholder Membership Dues
		2023 Officeriolaet Welfibership Baes
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/11/2023	The Grove
	Amount (\$)	Payee address; City; State; Zip Code
	\$392.56	800 West Sixth Street
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Staff dinner to discuss legislative issues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### 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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services						OTHER (enter a category not listed above)			
	orealt out a rayment			The Instruction Gu	ide explains how	to con	nple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Eth	ics Commission File	ers)
	Sch: 25/29 Rpt: 28/32		Kacal, Kyle	J. (The Honorab	le)					00067801	L		
4	Date	5	Payee name										
	01/03/2023		WP Engine										
6	Amount (\$)	7	Payee addres	ss; City;	State; Zij	n Cod	le.						
_	\$36.24		504 Lavaca		· · ·								
	¥30.2 .		Suite 1000										
				70701									
		L	Austin, TX 7										
8	PURPOSE OF	(a)		ee Categories listed at the	e top of this schedule)	) [	(b)	Description					
	EXPENDITURE		Advertising	Expense				Check if travel of					
							. –			ustin, TX, officeholder living expense  website hosting			
								1 3		J			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	soug	jht			Office	held		
	expenditure to benefit C/OI	Н											
_	Date		Payee name										
	02/01/2023		WP Engine										
	Amount (\$)	T	Payee addres	ss; City;	State; Zij	p Cod	de						
	\$36.24		504 Lavaca	Street									
			Suite 1000										
			Austin, TX 7	78701									
	PURPOSE	(a)				. 1	(h)	Description					
	OF	"	Advertising	ee Categories listed at the	e top of this schedule;	)   <b>'</b>	(5)	Check if travel	outsi	de of Texas. Co	omplete S	Schedule T.	
	EXPENDITURE		Advertising	Ехрепас				Check if Austin,	, TX,	officeholder liv	ing expen	ise	
								Campaign we	ebs	ite hosting			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	e soug	jht			Office	held		
	experiditure to beriefit C/O												
	Date		Payee name										
	03/01/2023		WP Engine										
	Amount (\$)		Payee addres	ss; City;	State; Zij	p Cod	de						
	\$36.24		504 Lavaca	Street									
			Suite 1000										
			Austin, TX 7	78701									
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule	) (	(b)	Description					
	OF EXPENDITURE		Advertising					Check if travel					
	EXPENDITURE			•				Check if Austin,				nse	
								Campaign we	ebs	ite hosting			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	e soug	jht			Office	held		
	S. portantare to beliefit 6/01	•											

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 26/29 Rpt: 29/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	04/03/2023	WP Engine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.24	504 Lavaca Street
		Suite 1000
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFLINDHORL	Check if Austin, TX, officeholder living expense
		Campaign website hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Payee name
	05/01/2023	WP Engine
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$36.24	504 Lavaca Street
	700.2	Suite 1000
		Austin, TX 78701
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign website hosting
L		
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕		
l	Date	Payee name
	06/01/2023	WP Engine
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.24	504 Lavaca Street
		Suite 1000
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign website hosting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г		
L		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Printing Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide e	explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 27/29 Rpt: 30/32	Kacal, Kyle	J. (The Honorable)					00067801		
4	Date	5 Payee name	<b>:</b>				_			
	05/09/2023	Walgreens								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	nde					
•	\$128.83	3921 W Pa	•							
	,									
		Austin, TX	70727							
_										
8	PURPOSE OF		See Categories listed at the top		(b)	Description		d4.T O	oleke Celeadule T	
	EXPENDITURE	Office Ove	rhead/Rental Expens	е				de of Texas. Com officeholder living		
					Supplies for the					
								·		
9	Complete ONLY if direct	L Candidate/Of	iceholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/O	H			•					
_	Date	Payee name								
	01/27/2023	1 1	r n County Chamber o	f Commerce						
	Amount (\$)	Payee addre		State; Zip Co	odo					
	\$100.00	314 S. Aus	•	State, Zip Ct	Jue					
	Φ100.00	314 3. Aus	un Sueet							
		Busines :	EV 77000							
		Brenham,								
	PURPOSE OF		See Categories listed at the top		(b)	Description	oto:	de of Toyloo Com	nlata Cabadula T	
EXPENDITURE			ns/Donations Made E Officeholder/Political	iceholder/Political Committee		<b>=</b>		de of Texas. Com officeholder living		
		Carialaate	Omeenolaei/i omical	Committee		ш			amber Banquet	
	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	Н								
	Date	Payee name	1							
	01/31/2023	Willett, Ter								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$300.00	l ´	Creek Drive	- in .						
	, , , , , , , , , , , , , , , , , , , ,									
		Austin, TX	78727							
	PURPOSE				(h)	Description				
	OF		See Categories listed at the top ages/Contract Labor	of this schedule)	(0)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Salaties/W	ages/Contract Labor					officeholder living		
						Contract labo	r fo	or campaign	services	
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	Н								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		-
_	Sch: 28/29 Rpt: 31/32	Kacal, Kyle J. (The Honorable)	
4	Date	5 Payee name	
	02/28/2023	Willett, Terra	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	3609 Oak Creek Drive	
		Austin, TX 78727	
Ļ	DUDDOOF		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayes, Complete Schedule T	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Contract labor for campaign services	
0	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held	4
9	Complete ONLY if direct expenditure to benefit C/O		
L			_
	Date	Payee name	
	03/31/2023	Willett, Terra	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	3609 Oak Creek Drive	
		Austin, TX 78727	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Contract labor for campaign services	
		Contract labor for campaign services	
<u> </u>	Complete ONU V if alice	Constitute (Office healder name	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
$\vdash$	Date	Power name	=
	Date 04/30/2023	Payee name Willett, Terra	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	3609 Oak Creek Drive	
L		Austin, TX 78727	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAI LIGHTOILE	Check if Austin, TX, officeholder living expense	
		Contract labor for campaign services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	п	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/wards/Memo

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 29/29 Rpt: 32/32	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	05/31/2023	Willett, Terra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3609 Oak Creek Drive
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Contract labor for campaign services
		Contract labor for earlipaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	06/30/2023	Willett, Terra
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3609 Oak Creek Drive
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·