# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00067801	ssion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Kyle J.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	" 01/16/2024	
		Kacal				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 6628				Receipt #	Amount
Change of Address	College Station, TX 77805					
	College Station, 17, 17003				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Bryan				
		LAST		SUFFIX		
		Brown				
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	1825 Brothers Blvd.					
(Residence or Business)	College Station, TX 77845					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER PHONE	(979) 219-3199					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	July 15	8th day before 6	election $\square$	Exceeded modified	_	
		our day before		reporting limit	T mai report (rata	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	01/16/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distri	ct 12		State Represent	ative District 12	
	1					
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 53

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 dofficeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 84,322.73
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 69,726.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 50,038.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	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 Her	norable Kyle J. Kacal	
			Candidate or Officehole	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
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

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			C	OVER SHEET	3 of 53
<b>18</b> F	LER NA	ME	19 Filer ID	(Ethics Commission	Filers)
K	acal, Ky	le J. (The Honorable)	00067801		
<b>20</b> S	CHEDUL	E SUBTOTALS		CURTOTAL AL	AOUNT
N	AME OF	SCHEDULE		SUBTOTAL AI	VIOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	71,346.46
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	12,976.27
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	69,726.91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	р. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	l. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/53	
2	FILER NAME Kacal, Kyle 3	. (The Honorable)		3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	Salion 7 300 title (See Instructions)	Employer (See instructions	·)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Allen Boone Humphries Robinson LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
		Houston, TX 77027				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$521.15
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Brown, Bryan (Mr.)  Contributor address; City; State; Zip Code  College Station, TX 77845			Amount of Contribution (\$)	\$1,500.00
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Brown & Company Ins.	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/53	
2	FILER NAME Kacal, Kyle J	l. (The Honorable)			3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor  out-of- Bryan Firefighters Association PAC</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$3,000.00
_		Bryan, TX 77806-2340					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-Buchanan, Spencer  Contributor address; City; State; Zip C	ode	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Vice Preside	nt		Texcon			
	Date 11/03/2023	Full name of contributor	state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Navasota, TX 77868-5836					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Heat Treat	)		
	Date 09/25/2023	Clanton, John (Mr.)		)		Amount of Contribution (\$)	\$250.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Astin Executive Services			
	Date 11/03/2023	Full name of contributor out-of- Clark Isenhour Real Estate Service Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			'				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/53	
2	FILER NAME Kacal, Kyle 3	I. (The Honorable)			3	Filer ID (Ethics Commission 00067801	n Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Houston, TX 77070 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 10/23/2023	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$300.00
	Principal occu Engineer	Cypress, TX 77429-5148 pation / Job title (See Instructions)		Employer (See Instructions LIA Engineering	<u> </u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Congress Avenue Partners PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers PAC, Inc.  Contributor address; City; State; Zip Code  Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/28/2023	Full name of contributor out-of-state PAC (ID#:_ Dippel, Jr., Tieman  Contributor address; City; State; Zip Code  Brenham, TX 77833				Amount of Contribution (\$)	\$500.00
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Brenham National Bank			
		·					

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/53	
2	FILER NAME Kacal, Kyle 3	J. (The Honorable)		1	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor</li></ul>	(ID#: <u>C00363879</u>	7	Amount of Contribution (\$)	\$2,000.00
_	Dringing Loggy	Austin, TX 78701	D. Employer (Co.) Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 11/03/2023	Full name of contributor X out-of-state PAC Essential Utilities, Inc PAC Contributor address; City; State; Zip Code	(ID#: <u>C00340455</u>		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Bryn Mawr, PA 19010 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Finley, Joel Contributor address; City; State; Zip Code Driftwood, TX 78619	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Government	al Affairs Consultant	Gateway Partners Gove	ernm	nent Affairs	
	Date 10/11/2023	Full name of contributor out-of-state PAC Focused Advocacy Political Action Committ  Contributor address; City; State; Zip Code  Austin, TX 78701-2402	tee		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Freese and Nichols PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/53	
2	FILER NAME Kacal, Kyle J	. (The Honorable)			3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor         Georgiades, George</li> <li>Contributor address; City; State</li> </ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
		College Station, TX 77845					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions) G Squared Private Weal			
	Date 11/03/2023	Full name of contributor  Glockzin, Emanuel H. (Mr.)  Contributor address; City; State				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Bryan, TX 77808 pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Owner Brazos Valley Construc				ion	, Inc.	
	Date 11/03/2023	Full name of contributor Graham, Charles (Mr.)  Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1,000.00
		Elgin, TX 78621					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions) Southwest Stallion Station			
	Date 10/11/2023	Full name of contributor  HS Law PAC  Contributor address; City; State  Austin, TX 78701	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 10/25/2023	Full name of contributor Hoelscher, Michael Contributor address; City; State College Station, TX 77845	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/53	
2	FILER NAME Kacal, Kyle	J. (The Honorable)		3	Filer ID (Ethics Commissio 00067801	n Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
_	Dringing! gage	College Station, TX 77845	Continue (Continue to an analysis and an analy			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/28/2023	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ IDS Engineering Group PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77040 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_Laredo Fire-PAC  Contributor address; City; State; Zip Code  Laredo, TX 78041-5752			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_Leonard, Fred (Mr.)  Contributor address; City; State; Zip Code  Houston, TX 77030			Amount of Contribution (\$)	\$1,500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Val-Tex	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/53	
2	FILER NAME Kacal, Kyle	J. (The Honorable)		3	Filer ID (Ethics Commission 00067801	n Filers)
4	Date 09/28/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Longbow Consulting Partners, LLC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Magellan Midstream Holdings GP PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Tulsa, OK 74121-2186 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Marion, David (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/11/2023	Full name of contributor x out-of-state PAC (ID#: C McGuire Woods Federal PAC Fund  Contributor address; City; State; Zip Code  Richmond, VA 23219	000225342 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBU	TION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete th	his for	rm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/53	
2	FILER NAME Kacal, Kyle J	J. (The Honorable)			3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 10/11/2023	<ul> <li>Full name of contributor</li></ul>	(ID#:		7	Amount of Contribution (\$)	\$3,000.00
_	<u> </u>	Princeton, NJ 08540-6213	- 1-		<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/03/2023	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	The Woodlands, TX 77381-6459 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CEO			Integrity Bank			
	Date 11/03/2023	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$1,000.00
		Wellborn, TX 77881-0313					
	Principal occu Exec. Directo	pation / Job title (See Instructions) or TABC		Employer (See Instructions State of Texas	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC ONCOR Texas State PAC of Oncor Electric Contributor address; City; State; Zip Code Dallas, TX 75202-1234	c Delive	•		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC One Gas Inc Political Action Committee Contributor address; City; State; Zip Code Tulsa, OK 74103	(ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/53	
2	FILER NAME Kacal, Kyle	. (The Honorable)		3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 11/03/2023	<ul> <li>Full name of contributor</li></ul>	000035519)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing oggu	Washington, DC 20006	Employer (See Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Pruitt, Terry  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)	Employer (See Instructions	)		
	CEO	sation, oob title (occ manadaons)	TP Services	,		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_RABA-Kistner PAC, Inc.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78269				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/28/2023	Full name of contributor out-of-state PAC (ID#:_ Rohe, Scott Contributor address; City; State; Zip Code Hunstville, TX 77340	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner/Opera	pation / Job title (See Instructions) ator	Employer (See Instructions East Texas Undergroun			
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2100	)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/53		
2	FILER NAME Kacal, Kyle 3	FILER NAME Kacal, Kyle J. (The Honorable)			3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 11/03/2023  5 Full name of contributor out-of-state PAC (ID#:) Schaefer, Michael (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	College Station, TX 77845 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	President			Schaefer Custom Home	S		
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2023 Schwartz, Page & Harding, L. L. P.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00		
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Schwartz, Page & Harding, L. L. P. Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$300.00
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Shoreline Group Ventures, LLC  Contributor address; City; State; Zip Code  Bryan, TX 77803				Amount of Contribution (\$)	\$600.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			<u> </u> 5)			
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Stewart, Randy  Contributor address; City; State; Zip Code  Bedias, TX 77831		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/53	
2	FILER NAME Kacal, Kyle	J. (The Honorable)		3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  TEXPAC Statewide - Texas Medical Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3,000.00	
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/28/2023 Tate Jr., Milton  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Brenham, TX 77833 pation / Job title (See Instructions)	Employer (See Instructions	)		
-		Self				
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2023 Texas Agricultural Cooperative Council PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1951			Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions	)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code Austin, TX 78711			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 12/14 Rpt: 15/53			
2	FILER NAME Kacal, Kyle 3	FILER NAME Kacal, Kyle J. (The Honorable)			B Filer ID (Ethics Commissi 00067801	on Filers)	
4	Date 11/03/2023  5 Full name of contributor out-of-state PAC (ID#:) Texas Farm Bureau Agfund 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$1,000.00			
		Waco, TX 76702-2689	<u> </u>				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See	e Instructions)			
	Date 07/05/2023	Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78726 pation / Job title (See Instructions)	Employer (See	Instructions)			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Date 11/03/2023	Full name of contributor out-of-state PAC (IET Texas Poultry PAC Contributor address; City; State; Zip Code	#:	)	Amount of Contribution (\$)	\$600.00	
		Round Rock, TX 78681					
	Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2023 Texas Rural Water PAC  Contributor address; City; State; Zip Code  Austin, TX 78701-1122			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2023 Texas State Association of Fire Fighters-Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/53	
2	FILER NAME Kacal, Kyle S	I. (The Honorable)		3	Filer ID (Ethics Commission 00067801	on Filers)
4	Date 10/11/2023			7	Amount of Contribution (\$)	\$2,500.00
_	Deignaignal	Austin, TX 78701	O Francisco (Coo la structiona			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2023 Texas and Southwestern Cattle Raisers Association State PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Fort Worth, TX 76185-1988 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2023 The American Electric Power Company-TX Cmte. for Responsible Govt.  Contributor address; City; State; Zip Code  Columbus, OH 43215			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/11/2023 Turrieta, Gilbert  Contributor address; City; State; Zip Code  Austin, TX 78701		,		Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions)  Lobbyist  Employer (See Instruction Self		Employer (See Instructions Self	)		
	Date Full name of contributor X out-of-state PAC (ID#: C00274431 )  10/11/2023 UnitedHealth Group PAC Contributor address; City; State; Zip Code  Washington, DC 20004			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/14 Rpt: 17/53		
2	FILER NAME Kacal, Kyle	FILER NAME Kacal, Kyle J. (The Honorable)			Filer ID (Ethics Commissio 00067801	n Filers)	
4			7	Amount of Contribution (\$)	\$2,500.00		
		Irving, TX 75039-2479					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_ Wagnon, Robert  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$625.31	
		Houston, TX 77030					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 11/03/2023	Full name of contributor  out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78701		Ĺ			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 18/53							
3	Filer ID (Ethic	s Commission Filers)						
	00067801							
JTIONS \$								
) 8		9 In-kind contribution						
	\$3,451.27 l	Wine for annual fundraiser						
	l							
	!							
	Check if travel o	utside of Texas. Complete Schedule T.						
11 Employer (FOR NON-JU	JDICIAL) (See in	nstructions)						
Messina Hof Winery								
13 Contributor's job title (FC	OR JUDICIAL)	(See instructions)						
15 Law firm of contributor's	spouse (if any) (I	OR JUDICIAL)						
,	Amount of	In-kind contribution						
	contribution (\$)	description						
		Room and beverage at						
		the Austin Club for campaign fundraiser						
	Check if travel o	utside of Texas. Complete Schedule T.						
Employer (FOR NON-JU		nstructions)						
Self								
Contributor's job title (FOR JUDICIAL) (See instructions)								
Law firm of contributor's	spouse (if any) (I	FOR JUDICIAL)						
\	Amount of	In-kind contribution						
	\$250.00	Beer for annual fundraiser						
	Check if travel o	utside of Texas. Complete Schedule T.						
Employer (FOR NON-JU		nstructions)						
Kristen Distributing	•							
<u>_</u>	OR JUDICIAL)	(See instructions)						
Law firm of contributor's	spouse (if anv) (I	FOR JUDICIAL)						
	, ( ) (1	<del></del> ,						
If contributor is a child, law firm of parent(s) (if any) (EOP 3LIDICIAL)								
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
1	TIONS  S  TIONS  S  L1 Employer (FOR NON-JUMessina Hof Winery) L3 Contributor's job title (FO) L5 Law firm of contributor's  Employer (FOR NON-JUMES) Contributor's job title (FO) Law firm of contributor's  Employer (FOR NON-JUMES) Contributor's job title (FO) Contributor's job title (FO)  Employer (FOR NON-JUMES) Contributor's job title (FO)  Employer (FOR NON-JUMES) Contributor's job title (FO)	Sch: 1/2 Rpt:  3 Filer ID (Ethic 00067801  \$ Amount of contribution (\$) \$3,451.27  Law firm of contributor's spouse (if any) (I contribution (\$) \$275.00  Employer (FOR NON-JUDICIAL) (See in Self Contributor's job title (FOR JUDICIAL)  Amount of contribution (\$) \$275.00  Amount of contribution (\$) \$275.00  Amount of contribution (\$) \$275.00  Check if travel or contributor's spouse (if any) (I contributor's job title (FOR JUDICIAL)  Amount of contributor's spouse (if any) (I contributor's job title (FOR JUDICIAL)  Employer (FOR NON-JUDICIAL) (See in Self Contributor's spouse (if any) (I contributor's spouse (I see in Self Contribution (\$) \$250.00						

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 19/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kacal, Kyle J. (The Honorable) 00067801 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/26/2023 Lamantia, Greg \$9,000.00 Entertainment for annual 7 Contributor address; City; State; Zip Code fundraiser McAllen, TX 78501 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) President L&F Distributing 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### 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/Politica Credit Card Payment		)						
_	Total pages Cabadala Es		Eiloro\						
1	Total pages Schedule F1: Sch: 1/33 Rpt: 20/53	2 FILER NAME Kacal, Kyle J. (The Honorable)  3 Filer ID (Ethics Commission 00067801	Filers)						
4	Date	5 Payee name							
	07/31/2023	AT&T							
6	Amount (\$) \$81.09	7 Payee address; City; State; Zip Code 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							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH							
	Date	Payee name							
	08/31/2023	AT&T							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$81.09	917 William D. Fitch Pkwy							
		College Station, TX 77845							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense							
		Check if Austin, TX, officeholder living expense							
		Campaign cell phone							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH							
	Date	Payee name							
	10/02/2023	AT&T							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$81.09	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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Campaign cell phone							
L									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH							

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting 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:		ilore)
1	Sch: 2/33 Rpt: 21/53	Kacal, Kyle J. (The Honorable)  00067801	-liers)
4	Date	5 Payee name	
	10/31/2023	AT&T	
6	Amount (\$) \$81.22	7 Payee address; City; State; Zip Code 917 William D. Fitch Pkwy	
		College Station, TX 77845	
8	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 cell phone	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/06/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.22	917 William D. Fitch Pkwy	
		College Station, TX 77845	
	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	
		Campaign cell phone	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	09/22/2023	Admail	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,399.38	427 Dellwood	
		Bryan, TX 77801	
	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.	
	- <del>-</del>	Check if Austin, TX, officeholder living expense Printing of invitations for annual fundraiser	
		Finding of invitations for annual fundaser	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

#### 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							
<u>_</u>	Tatal name C							
1	Total pages Schedule F1: Sch: 3/33 Rpt: 22/53	2 FILER NAME Kacal, Kyle J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067801						
4	Date	5 Payee name						
	07/31/2023	American Momentum Bank						
6	Amount (\$) \$5.00	Payee address; City; State; Zip Code 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						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	08/31/2023	American Momentum Bank						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.00	4030 State Highway 6 S., Suite 100						
		College Station, TX 77845						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Camplete Schedule T						
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Special statement fee for campaign account						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/29/2023	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	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 expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						

#### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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	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: 4/33 Rpt: 23/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	10/31/2023	American Momentum Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	4030 State Highway 6 S., Suite 100
		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.  Check if Austin, TX, officeholder living expense
		Special statement fee for campaign account
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2023	American Momentum Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	4030 State Highway 6 S., Suite 100
		College Station, TX 77845
	PURPOSE 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
		Special statement fee for campaign account
		oposiai statoment iso isi sampaigii account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2023	B/CS Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	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  Two Tickets for the Economic Outlook Conference
		Two Tickets for the Economic Outlook Conference
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 C

Event Expense 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:	<u> </u>					
	Sch: 5/33 Rpt: 24/53	Kacal, Kyle J. (The Honorable) 00067801					
4	Date	5 Payee name					
	11/20/2023	B/CS Chamber of Commerce					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$20.00	1733 Briarcrest Drive, Suite 200					
		Bryan, TX 77802					
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.					
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense					
		Individual ticket					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
Ð	expenditure to benefit C/OI						
	Date	Davida marra					
	11/20/2023	Payee name B/CS Chamber of Commerce					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  1733 Briarcrest Drive, Suite 200					
	φου.υυ	1755 Bildiciest Drive, Suite 200					
		Dr. on TV 77002					
		Bryan, TX 77802					
	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					
		JLB Student Sponsorship					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	10/09/2023	B/CS Habitat for Humanity					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$600.00	119 Lake St.					
		Bryan, TX 77801					
	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					
		Team sponsorship for clay shoot					
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment		al Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 6/33 Rpt: 25/53	Kacal, Kyle J. (Th	ne Honorable)			00067801	
4	Date	5 Payee name					
	10/18/2023	Blue Bell Creame					
6	Amount (\$)	7 Payee address;		e; Zip Coo	de		
	\$180.48	1101 S. Blue Bell	Rd.				
		P. O. Box 1807					
Ļ		Brenham, TX 778					
8	PURPOSE OF		ories listed at the top of this sc	hedule)	(b) Description	outside of Toyon, Cor	nnloto Cohodulo T
	EXPENDITURE	Food/Beverage E	expense		<b>=</b>	outside of Texas. Cor , TX, officeholder livin	
					Ice Cream fo	r Capitol Office	e Meetings
L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officehold	ler name	Office soug	ght	Office h	eld
	Date	Payee name					
	08/29/2023	Brazos Valley Co	uncil of Governments	S			
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de		
\$50.00 P. O. Drawer 4128							
		Bryan, TX 77805	-4128				
	PURPOSE OF	(a) Category (See Categ	ories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE	Fees			<u> </u>	outside of Texas. Cor , TX, officeholder livin	
					ш		nnual Meeting
							-
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	ler name	Office soug	ght	Office h	eld
H	Date	Payee name					
	07/07/2023	Brenham Booste	Club				
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de		
	\$500.00	P.O. Box 2371	-	•			
		Brenham, TX 778	334				
	PURPOSE	(a) Category (See Cated	ories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE	Contributions/Doi	nations Made By	,	Check if travel	outside of Texas. Cor	
		Candidate/Officel	nolder/Political Comn	nittee	Check if Austin Booster Club	, TX, officeholder livin	g expense
					Poosiel Club	- ομυπουτοιτίμ	
	Complete ONLY if direct	Candidate/Officehold	ler name	Office soug	aht	Office h	eld
	expenditure to benefit C/OI				•	220	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<u> </u>				
	Sch: 7/33 Rpt: 26/53	Kacal, Kyle J. (The Honorable) 00067801				
4	Date	5 Payee name				
	07/07/2023	CASA of Walker, San Jacinto & Trinity Counties				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	1300 11th St, Ste. #310				
		Huntsville, TX 77340				
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				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	<del>1</del>				
	Date	Payee name				
	12/14/2023	Capitol Gift Shop				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$649.50 1400 Congress Ave, Suite E1.006					
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Capitol Christmas Ornaments for Constituents				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	10/26/2023	Cavalier Cigar Co.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$427.20	305 University Dr. E, Suite 303				
		College Station, TX 77840				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Cigars for annual fundraiser				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

#### 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 8/33 Rpt: 27/53	Kacal, Kyle J. (The Honorable)	,
4	Date	5 Payee name	
	10/25/2023	City of Huntsville	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	1212 Avenue M	
		Huntsville, TX 77340	
8	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  Wynne Home rental for campaign event	
		vvynne nome renta for campaign event	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
9	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
L			
	Date	Payee name	
L	11/02/2023	Cocktails4U	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,731.81	5912 Matrix Drive	
		College Station, TX 77845	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food/Service Items for annual fundraiser	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H 	
	Date	Payee name	
	10/27/2023	Copy Corner	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.84	2307 Texas Ave. South	
		Ste. B	
		College Station, TX 77840	
	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	Check if Austin, TX, officeholder living expense	
		Printing for annual fundraiser	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/33 Rpt: 28/53	2 FILER NAME Kacal, Kyle J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067801
<b>4</b> Date 07/10/2023	5 Payee name GM Financial
6 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	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental car for campaign
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 08/10/2023	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	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rental car for campaign
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 09/11/2023	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	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rental car for campaign
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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction Gu	iide explains no	ow to cor	mpie	ete tnis form.	_			_
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/33 Rpt: 29/53		Kacal, Kyle	J. (The Honoral	ole)					00067801		
4	Date	5	Payee name									
	10/10/2023		GM Financia	al								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coo	de					_
	\$1,668.33		Attn: APP D		,							
	,		P. O. Box 18	33621								
				X 76096-3621								
L		ļ.,										
8	PURPOSE OF	(a)		e Categories listed at th		ule)	(b)	Description				
	EXPENDITURE		-	on Equipment &	& Related			<b>=</b>		officeholder livin	nplete Schedule T. a expense	
			Expense					Rental car for			g expense	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									_
	11/10/2023		GM Financia	al								
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	de					_
	\$1,668.33		Attn: APP D	EPT								
			P. O. Box 18	33621								
			Arlington, T	X 76096-3621								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this sched	ule)	(b)	Description				_
	OF EXPENDITURE			on Equipment &		,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE		Expense					<b>—</b>		officeholder livin	g expense	
								Rental car for	ca	ımpaıgn		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice souç	ght			Office h	eld	
	Date		Payee name									
	07/06/2023		Gables Wes	t Avenue								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,590.06		300 West Av	ve.								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense			<b></b>			nplete Schedule T.	
								_		officeholder livin		
								Louging for 0	HIC	enoiuer in A	Austin (July 2023)	
_	Complete ONLY if direct	Ļ	Condidate/Off	ocholder name	044	fine cour	abt			Office h	old	
	Complete ONLY if direct expenditure to benefit C/O		Januiuale/Uπi	ceholder name	Off	fice souç	ynı			Office n	leiu	
	· 											

#### 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/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 11/33 Rpt: 30/53	2 FILER NAME Sacal, Kyle J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067801
4 Date 08/02/2023	5 Payee name Gables West Avenue
6 Amount (\$) \$3,606.26	7 Payee address; City; State; Zip Code 300 West Ave.  Austin, TX 78701
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  Lodging for officeholder in Austin (August 2023)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 09/06/2023	Payee name Gables West Avenue
Amount (\$) \$1,898.19	Payee address; City; State; Zip Code 300 West Ave.  Austin, TX 78701
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  Lodging for officeholder in Austin (September 2023)
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 10/03/2023	Payee name Gables West Avenue
Amount (\$) \$2,623.18	Payee address; City; State; Zip Code 300 West Ave.
	Austin, TX 78701
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  Lodging for officeholder in Austin (October 2023)
Complete <u>ONLY</u> 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 -

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

	Candidate/Officenoider/Political Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above)  Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 12/33 Rpt: 31/53	Kacal, Kyle J. (The Honorable) 00067801						
4	Date	5 Payee name						
	11/02/2023	Gables West Avenue						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,623.39	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.  X Check if Austin, TX, officeholder living expense						
		X   Check if Austin, TX, officeholder living expense   Lodging for officeholder in Austin (November 2023)						
		Loughing for omborious in ridden (November 2020)						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	12/04/2023	Gables West Avenue						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,623.12	623.12 300 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.						
		Check if Austin, TX, officeholder living expense  Lodging for officeholder in Austin (December 2023)						
		Loughing for difficentiates in Austin (December 2023)						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	07/03/2023	Google						
	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 on air management						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	Sa	-	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	1F				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 13/33 Rpt: 32/53		e J. (The Honorable	e)				00067801	`	,
4	Date	5 Payee nam	e				•			
	08/01/2023	Google								
6	Amount (\$)	7 Payee addr	ess; City;	State; Z	Zip Code					
	\$31.98	1600 Amp	hitheatre Pkwy							
		Mountain '	View, CA 94043							
8	PURPOSE	(a) Category	See Categories listed at the	top of this schedul	le) (b)	Description				
	OF		erhead/Rental Expe				outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		·			Check if Austin	n, TX	, officeholder livin	g expense	
						Campaign er	mai	l manageme	ent	
9	Complete ONLY if direct		fficeholder name	Offic	ce sought			Office h	eld	
	expenditure to benefit C/OI	7								
	Date	Payee nam	e							
	09/05/2023	Google								
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code					
	\$31.98	-	hitheatre Pkwy	·						
	702.00		,							
		Mountain	Vious CA 04042							
			View, CA 94043							
	PURPOSE OF		See Categories listed at the		le) (b)	Description				
	EXPENDITURE	Office Ove	erhead/Rental Expe	ense		ш		ide of Texas. Con , officeholder livin	nplete Schedule T.	
						Campaign er				
						Campaign ci	· · · ·	managem	, iii	
-	Complete ONLY if direct	Candidate/O	fficeholder name	Offic	ce sought			Office h	eld	
	expenditure to benefit C/OI	4			<b>.</b>					
H	Date	Dayoo nom	•							
	10/02/2023	Payee nam	е							
		Google								
	Amount (\$)	Payee addr	-	State; Z	Zip Code					
	\$31.98	1600 Amp	hitheatre Pkwy							
		Mountain '	View, CA 94043							
	PURPOSE	(a) Category	See Categories listed at the	top of this schedul	le) (b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expe	ense		<b></b>			nplete Schedule T.	
	LAFENDITORE					_		, officeholder livin		
						Campaign er	mai	ı manageme	ent	
	Complete ONLY if direct		fficeholder name	Offic	ce sought			Office h	eld	
	expenditure to benefit C/OI	٦								

#### 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	Committee Legal Services Salaries/Wages/Contract  The Instruction Guide explains how to complete this to		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	[3	<b>3</b> Filer ID	(Ethics Commission Filers)
	Sch: 14/33 Rpt: 33/53	Kacal, Kyle J. (The Honorable)		00067801	
4	Date	5 Payee name			
	11/02/2023	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$31.98	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption		
	OF EXPENDITURE	Onice Overneda/Nerital Expense		ıtside of Texas. Com	
				TX, officeholder living	
		Camp	baign ema	ail manageme	:nt
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experientare to benefit of or	•			
	Date	Payee name			
	08/24/2023	H.E.A.R.T.S. Veterans Museum of Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	463 State Highway 75 N.			
		Huntsville, TX 77320			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri			
	EXPENDITURE	Contributions/Donations Made By		ıtside of Texas. Com FX, officeholder living	
				al Sponsorship	
		ividote	or r couve	a oponsorsin	,
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	7ld
	expenditure to benefit C/OI			Office in	Siu .
H					
	Date	Payee name			
	07/21/2023	Hearne Athletics			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$400.00	900 Wheelock Street			
		Hearne, TX 77859			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri			
	OF EXPENDITURE	Contributions/Donations water by		ıtside of Texas. Com	•
				TX, officeholder living	
		Eagle	: Classic	Golf Scramble	;
_	Complete ONLY 'C. I'	Condidate/Officeholder = ===		Ott. ;	stat
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eiu
	- Firming to solione of of				

#### 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

	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: 15/33 Rpt: 34/53	Kacal, Kyle J. (The Honorable)		00067801	
4	Date	5 Payee name			
	07/05/2023	Hill Country Springs Water			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$30.07	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		ide of Texas. Com	
	EXI ENDITORE			, officeholder living	
		vvater coor	ier rei	ntal for capit	of office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	old.
9	expenditure to benefit C/O			Office file	au
_					
	Date	Payee name			
	08/02/2023	Hill Country Springs Water			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.32	10019 S. IH35			
		Austin, TX 78747			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Onice Overnead/Nerital Expense		ide of Texas. Com , officeholder living	
		l — l —		ntal for capit	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	09/05/2023	Hill Country Springs Water			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.32	10019 S. IH35			
		Austin, TX 78747			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	vel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Onice Overneau/Nental Expense		, officeholder living	•
		Water cool	ler rei	ntal for capit	ol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 Filers)
	Sch: 16/33 Rpt: 35/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	10/04/2023	Hill Country Springs Water
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.58	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water cooler rental for capitol office
Ļ	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	11/02/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.06	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.
		Check if Austin, TX, officeholder living expense  Water cooler rental for capitol office
		Traces observe somes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/06/2023	Hill Country Springs Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.32	10019 S. IH35
	, -	
		Austin, TX 78747
	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	Check if Austin, TX, officeholder living expense
		Water cooler rental for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

#### 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 Filers)
	Sch: 17/33 Rpt: 36/53	Kacal, Kyle J. (The Honorable)	00067801
4	Date	5 Payee name	
	11/28/2023	Huntsville Walker County Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	1327 11th Street	
		Huntsville, TX 77340	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	el outside of Texas. Complete Schedule T.
		,	in, TX, officeholder living expense  nbership investment
		, will det mon	isotomp invocationa
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	10/18/2023	ITech/Bonaconsulting, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$292.28	P. O. Box 11975	
	•		
		College Station, TX 77842-1975	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Campaign w	vebsite domain name and annual hosting
	Computate ONLY if direct		Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office neid
_			
	Date 11/09/2023	Payee name KC Strategies, LLC	
	Amount (\$)	Payee address; City; State; Zip Code 3571 Far West Blvd #196	
	\$7,694.19	35/1 Fai West DIVU #190	
		Austin TV 70721	
		Austin, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	in, TX, officeholder living expense
		Campaign n	nailings
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	

### 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 con	mple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 18/33 Rpt: 37/53	Kacal, Kyle J. (The Honorable)		00067801
4	Date	5 Payee name		
Ļ	08/28/2023	KIVY Radio		
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Co 102 South 5th Street	de	
	\$1,500.00	102 South Street		
		Crockett, TX 75835		
8	PURPOSE	<u> </u>	(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(13)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ		Check if Austin, TX, officeholder living expense
				Campaign Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		yııı	Office field
-	Date	Payee name		
	08/29/2023	KIVY Radio		
_	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$240.00	102 South 5th Street		
		Crockett, TX 75835		
	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
				Campaign Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	<del>1</del>		
	Date	Payee name		
	10/25/2023	Lampo, Donald (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$180.00	200 S. Texas Ave., Suite 151		
		Dr. 17 77000		
		Bryan, TX 77803		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Security for annual fundraiser
	Operated ONE VIII	Condidate (Office helders	- de t	06
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 19/33 Rpt: 38/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	10/18/2023	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	(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.
		Check if Austin, TX, officeholder living expense  Ethics consulting fee
		Luncs consulting lee
_	0 1: 01:17.7.	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/03/2023	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.
		Check if Austin, TX, officeholder living expense  Ethics consulting fee
		Ethics consulting lee
_	Opening the ONII W if allowed	Our distance (Office health are recorded)
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2023	Madison County Fair Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	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
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	
1	Total pages Schedule F1:	
	Sch: 20/33 Rpt: 39/53	Kacal, Kyle J. (The Honorable)  00067801
4	Date	5 Payee name
	08/24/2023	Riley, Jeanette
		· · · · · · · · · · · · · · · · · · ·
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$152.08	8 Lost Oak Ct.
		Huntsville, TX 77320
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement for food/beverage for campaign
		event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beriefft C/Of	
	Date	Payee name
	11/03/2023	Riley, Jeanette
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.73	8 Lost Oak Ct.
		Huntsville, TX 77320
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for purchased items for constituent
		coffee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>y</b>
_	Data	Development
	Date	Payee name
	08/24/2023	Riley, Jeanette
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.92	8 Lost Oak Ct.
L		Huntsville, TX 77320
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Reimbursement for Jury Appreciation-Cookies
	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 Filers)	
	Sch: 21/33 Rpt: 40/53	Kacal, Kyle J. (The Honorable) 00067801	
4	Date	5 Payee name	
	09/06/2023	Robertson County Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P. O. Box 443	
L		Hearne, TX 77859	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Tickets to Constitution Day Dinner	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experialture to benefit C/O		
	Date	Payee name	
L	12/13/2023	Ruffino Meats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	2130 E. William J. Bryan Pkwy.	
		Bryan, TX 77802	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food for annual fundraiser	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experience to borionic Grou		_
	Date	Payee name	
	07/31/2023	Seidel Schroeder	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.00	1575 Crescent Pointe Pkwy	
		Callaga Station TV 77945	
lacksquare	DUDDOCE	College Station, TX 77845	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign accounting services	
dash	Computate ONU V if allows	Condidate/Officeholder name Office country	_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
$\vdash$			_
ı			

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense States Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 22/33 Rpt: 41/53	Kacal, Kyle J. (The Honorable) 00067801					
4	Date	5 Payee name					
	08/31/2023	Seidel Schroeder					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$645.00	1575 Crescent Pointe Pkwy					
		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  Campaign accounting services					
		Campaign accounting services					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
	D :						
	Date	Payee name					
	09/30/2023	Seidel Schroeder					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$375.00	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.					
		Check if Austin, TX, officeholder living expense  Campaign accounting services					
		Campaign accounting services					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Davies same					
	10/31/2023	Payee name Seidel Schroeder					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$425.00	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	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services	ense Printing Salarie		se s/Contract Labor		Travel Out of E OTHER (enter	
_		I	The Instruction Guide	e explains now to	compi	ete this form.	_		(E) : 0 : : E) \
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 23/33 Rpt: 42/53	Kacai, Kyi	e J. (The Honorable)	)				00067801	
4	Date	5 Payee name	е						
	11/30/2023	Seidel Sch	roeder						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$400.00	1575 Cres	cent Pointe Pkwy						
		College St	ation, TX 77845						
8	PURPOSE	(a) Category (	See Categories listed at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting	g/Banking						mplete Schedule T.
						Campaign ac		, officeholder livi	
						Campaign ac	,00	unting serv	1003
_	0 1 0 0 1 1 1 1 1			0.00	Ц.,			0,00	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office I	neld
	Date	Payee name	<del></del>						
	12/31/2023	Seidel Sch	roeder						
	Amount (\$)	Payee addr	ess; City;	State; Zip (	Code				
	\$950.00	1	cent Pointe Pkwy	, , ,					
	4000.00	=0.000.00							
		College St	ation, TX 77845						
	PURPOSE	(a) Category (	See Categories listed at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting	g/Banking			<u> </u>			mplete Schedule T.
						ш		, officeholder livi	
						Campaign ac	CO	unting serv	ices
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office I	neld
	experientare to benefit 6/61								
	Date	Payee name	e						
	12/14/2023	TRQD, Inc							
	Amount (\$)	Payee addr	ess; City;	State; Zip (	Code				
	\$7,000.00	16373 Tor	kaway Lake Road						
	,		,						
		College St	ation, TX 77845						
	PURPOSE	_			(b)	Description			
	OF	I	See Categories listed at the to	pp of this schedule)	(6)	Description  Check if travel	outsi	ide of Texas, Co	mplete Schedule T.
	EXPENDITURE	Event Exp	ense					, officeholder livi	
						_			for annual fundraiser
							-		
	Complete ONLY if direct	I Candidate/∩t	ficeholder name	Office s	Junht			Office I	neld
	expenditure to benefit C/OI		noonoider name	Office 3	Jugiit			Office I	1014

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 24/33 Rpt: 43/53	Kacal, Kyle J. (The Honorable)  00067801
4	Date	5 Payee name
	09/13/2023	Texas Department of Criminal Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.35	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.
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Auction Item for Huntsville Chamber Annual Banquet
		Auction tem for Huntsville Chamber Affida Banquet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Date	Daysa nama
		Payee name Tayee Silver Heirad Legislature Foundation
	10/19/2023	Texas Silver Haired Legislature Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	902 N. Main, #10
		San Angelo, TX 76903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		TSHLF Directory Ad Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name Thompson, Freddie
	07/15/2023	Thompson, Freddie
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.00	2651 Pearland Parkway, Ste 102
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for Natural Resources Committee
		Chairman gift
_	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 25/33 Rpt: 44/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
Ļ	07/07/2023	Twin City Mission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	P. O. Box 3940
		Bryan, TX 77805
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  2 Tickets to Gala
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	09/20/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.00	2121 E. Wm J. Bryan Pkwy.
		Bryan, TX 77801-9998
	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	Check if Austin, TX, officeholder living expense
		Campaign PO Box rental
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/28/2023	Unlimited Potential
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3708 E. 29th #219
L		Bryan, TX 77802
	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
		Trivia Night Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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/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: 26/33 Rpt: 45/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	09/25/2023	Upstream Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.48	5501 Balcones Dr.
	!	Ste. A #315
	!	Austin, TX 78731
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 Online contribution/credit card processing fees
	!	Crimic containation of care proceeding 1995
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	-
	Date	Payee name
	09/26/2023	Upstream Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.69	5501 Balcones Dr.
	!	Ste. A #315
	!	Austin, TX 78731
	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 Online contribution/credit card processing fees
	!	Offilite contribution/ofecit card processing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	09/27/2023	Upstream Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.79	5501 Balcones Dr.
	!	Ste. A #315
	!	Austin, TX 78731
	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.
	EXPLINITIONS	Check if Austin, TX, officeholder living expense
	!	Online contribution/credit card processing fees
_	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
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

Credit Card Payment	The Instruction Guide explains how to co	omplete this	s form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 27/33 Rpt: 46/53	Kacal, Kyle J. (The Honorable)			00067801	
4 Date	5 Payee name				
10/23/2023	Upstream Communications				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$14.40	5501 Balcones Dr.				
	Ste. A #315				
	Austin, TX 78731				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription		
OF EXPENDITURE	Fees				plete Schedule T.
			heck if Austin, TX,		g expense urd processing fees
			ne continuati	on/credit ca	ird processing rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u> uaht		Office he	eld.
expenditure to benefit C/C		agni		Office In	Ciu
Date	Davis same				
10/27/2023	Payee name Upstream Communications				
	<u>'</u>	odo			
Amount (\$) \$9.70	Payee address; City; State; Zip Co	oue			
Φ9.70					
	Ste. A #315				
	Austin, TX 78731	T			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc		do of Toyon Com	nplete Schedule T.
EXPENDITURE	Fees		heck if Austin, TX,		
		Onli	ne contributi	on/credit ca	ard processing fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office h	eld
expenditure to benefit C/C	<sup>,</sup> H				
Date	Payee name				
11/02/2023	Van Zandt Visual				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$1,136.63	3587 Matoska Ridge				
	College Station, TX 77845				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription		
OF EXPENDITURE	Event Expense	CI	heck if travel outsi		nplete Schedule T.
EXPENDITORE			heck if Austin, TX,		
		Phot	tography for	annual fund	draiser
Complete CNII V if direct	Condidate/Officeholder name	Light		Office	old
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou OH	ugnı		Office h	eiu

### 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		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 28/33 Rpt: 47/53	Kacal, Kyle	e J. (The Honorable)					00067801		
4	Date	5 Payee name	)							
	07/03/2023	WP Engine								
6	Amount (\$)	7 Payee addre	ess; City; Stat	te; Zip Co	de					
	\$36.24	504 Lavaca	a Street							
		Suite 1000								
		Austin, TX	78701							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Advertising				_		ide of Texas. Com		
						_		, officeholder living	expense	
						Campaign we	ะมะ	site nosting		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H		·						
	Date	Payee name	?							
	08/01/2023	WP Engine	;							
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Co	de					
	\$36.24	504 Lavaca	a Street							
		Suite 1000								
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			<b>=</b>		ide of Texas. Com		
						Campaign we		, officeholder living	expense	
						Campaign we	,,,,	nic nosting		
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ght			Office he	eld	
⊨	Data									
	Date 09/01/2023	Payee name WP Engine								
	Amount (\$)	Payee addre		te; Zip Co	ae					
	\$36.24	504 Lavaca								
		Suite 1000								
		Austin, TX	78701							
	PURPOSE OF		See Categories listed at the top of this s	schedule)	(b)	Description	o,	ide of T	nloto Colinado III	
	EXPENDITURE	Advertising	j Expense			ш		ide of Texas. Com , officeholder living		
						Campaign we			Схрензе	
						,				
H	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н								
ᆫ	<u>-</u>			<del> </del>						4 01 6 6 0

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il 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: 29/33 Rpt: 48/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	10/02/2023	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign website hosting
		Sampaigh nessite nesting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	11/01/2023	WP Engine
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.24	504 Lavaca Street
		Suite 1000
		Austin, TX 78701
	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
		Campaign website hosting
		Sampaigh nessite nesting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	12/08/2023	WP Engine
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.24	504 Lavaca Street
		Suite 1000
		Austin, TX 78701
	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
		Campaign website hosting
		Sampag. Hossie Hosting
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .

### 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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			/Contract Labor	OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	_
	Sch: 30/33 Rpt: 49/53	Kacal, Kyle	J. (The Honorable)					00067801		
4	Date	5 Payee name								
	07/15/2023	Walker Co	unty Fair							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$2,500.00	P. O. Box 1	1817							
		Huntsville,	TX 77342-1817							
8	PURPOSE	(a) Category (S	See Categories listed at the top of	f this schedule)	(b)	Description				
	OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.									
		Candidate/	Officeholder/Political (	Jommittee		Donation to 2				
						20.100.001 to 2	_			
9	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O	H								
	Date	Payee name	!							_
	12/04/2023	Washingto	n County Chamber of	Commerce						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$225.00	314 S. Aus	tin Street							
		Brenham, <sup>-</sup>	TX 77833							
	PURPOSE	(a) Category (S	See Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>=</b>		de of Texas. Com officeholder living		
						Annual Memb			expense	
						7		op aa.oo		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>I</u> ught			Office he	eld	_
	expenditure to benefit C/OI	Н								
	Date	Payee name								_
	08/21/2023	Washingto	n County Chamber of	Commerce						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					_
	\$100.00	314 S. Aus	tin Street							
		Brenham, <sup>-</sup>	ΓX 77833							
	PURPOSE	(a) Category (s	See Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Com		
								officeholder living	gate and Community	
						Pep-Rally	.0 (	11C 2025 Tall	gate and community	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O	Н			-					
_	<u>-</u>									^-

### 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 Salarice Magnes/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 31/33 Rpt: 50/53	Kacal, Kyle J. (The Honorable)
4	Date	5 Payee name
	10/24/2023	Washington County Fair Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,945.89	1305 E. Blue Bell Road, Suite 110
		Brenham, TX 77833
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/31/2023	Willett, Terra
_	Amount (\$)	Payee address; City; State; Zip Code
\$300.00		3609 Oak Creek Drive
	Ψ000.00	OOOS OUR OFEER BIVE
		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
		Contiduct tabor for earnipaign convices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	08/31/2023	Willett, Terra
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3609 Oak Creek Drive
	φοσο.σσ	ooos oun oreen prive
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Centra et la bar for compaign convices
		Contract labor for campaign services
	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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 Filers)
	Sch: 32/33 Rpt: 51/53	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	09/30/2023	Willett, Terra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3609 Oak Creek Drive
		A TV T0T0T
L		Austin, TX 78727
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. 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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	'
	Date	Payee name
L	10/31/2023	Willett, Terra
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3609 Oak Creek Drive
		A TV T0T0T
L		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. 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
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experialitate to beliefit C/O	
	Date	Payee name
L	11/30/2023	Willett, Terra
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3609 Oak Creek Drive
		A
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. 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
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expens Printing Expens			Travel in District Travel Out of D		
l	Credit Card Payment			The Instruction Guid	e explains l	now to compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	П
	Sch: 33/33 Rpt: 52/53			J. (The Honorable	e)			1	00067801		
┝	·	-			,			<u> </u>			$\dashv$
4	Date	°	Payee name								
	12/31/2023		Willett, Ter	ra							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					
l	\$300.00		3609 Oak (	Creek Drive							
l											
l			A T.V	70707							
			Austin, TX	78727							
8	PURPOSE	(a)	Category (s	See Categories listed at the t	top of this sch	edule) (b)	Description				
l	OF			ages/Contract Lab			Check if travel	outs	ide of Texas. Cor	mplete Schedule T.	
	EXPENDITURE						_		, officeholder livir		
l							Contract labor	or fo	or campaigr	n services	
l											
9	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sought			Office h	eld	┪
	expenditure to benefit C/O										
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		FORM C/OH - FR						
	The Instruction Guide explains how to complete this form.  ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 53 of 53						
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)						
	Kacal, Kyle J. (The Honorable)	00067801						
3	SIGNATURE	1						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
	The Honor	able Kyle J. Kacal						
		andidate / Officeholder						
1	FILER WHO IS NOT AN OFFICEHOLDER							
4	** Complete A & B below only if you are not an officeholder **							
	A CAMPAIGN FUNDS							
	Check only one:							
	I do not have unexpended contributions or unexpended interest or income earned from political states.	tical contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.							
	B ASSETS							
	Check only one:							
	I do not retain assets purchased with political contributions or interest or other income from	political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also						
	Signatur	re of Candidate						
5	OFFICEHOLDER							
	** Complete this section only if you are an officeholder **							
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
		able Kyle J. Kacal						
	Signatur	e of Officeholder						