CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commis 00087774	sion Filers)	2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
NAME	Mr.	Steve A.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
	THOMAN WILL	Kinard Jr.		331117		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CIT	٧٠	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	2506 Valley Forge	7 3011L #, CIT	1,	Zii CODE		
MAILING ADDRESS	Loos valley i eige				Receipt #	Amount
Change of Address	Richardson, TX 75080				Date Processed	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Steve A.				
IVAIVIE						
	NICKNAME	LAST		SUFFIX		
		Kinard Jr.				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	2506 Valley Forge					
(Residence or Business)						
(,	Richardson, TX 75080					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(469) 441-5067	ie rombert e	SKILKOION			
PHONE	(100) 112 0001					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	July 15	3 8th day before 6	election \square	Exceeded modified	Final Report (Attac	
]		reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/05/2024	[X]Pi	rimary	Runoff	Other	
	03/03/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Represent	ative District 70	
		=				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 38

13 C / OH NAME	Kinard Jr., Steve A. (Mr.)	14 Filer ID (00087774	(Ethics Commis	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowle	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	16,749.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	9,186.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	16,444.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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.			
		Mr S	iteve A. Kinard Jr.		
			Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	C	lay
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering (oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 38 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087774 Kinard Jr., Steve A. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 16,749.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 9,186.96 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/38	
2	FILER NAME Kinard Jr., S	teve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	on Filers)
4	Date 10/22/2023	5 Full name of contributor Adcock, Justin6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Plano, TX 75093 pation / Job title (See Instructions) 9	Employer (See Instructions	;) 		
	Insurance	pation 7 305 title (See Histractions	,	Alacrity Solutions	')		
	Date 12/17/2023	Full name of contributor Block, Linda Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75252					
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	s)		
	Date 12/12/2023	Full name of contributor Branch, Ken Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75025					
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	5)		
	Date 10/20/2023	Full name of contributor Bratcher, Lee Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions		Employer (See Instructions Texas Blockchain Coun			
	Date 10/11/2023	Full name of contributor Cavazos, Jose Contributor address; City; St. Dallas, TX 75252	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	Real Estate	Development		Independent Contractor			

	MONEI	А	RY POLITICAL (CONTRIBUTION	יוכ	NS		SCHEDUI	LE A1
	The Instru	cti	on Guide explains how	to complete this f	for	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/38	
2	FILER NAME		. (1.)				3	Filer ID (Ethics Commission	on Filers)
	Kinard Jr., S						L	00087774	
4	Date 10/11/2023	ļ	Full name of contributor Cook, Ken	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$150.00
		6	Contributor address; City; St	ate; Zip Code					
			Allen, TX 75013						
8	Principal occu	pat	ion / Job title (See Instructions)	9	1 7 (s)		
	BD					Procedural Specialist			
	Date		Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/11/2023		Corrigan, Brian						\$250.00
		ļ	Contributor address; City; St	ate; Zip Code			1		
			Richardson, TX 75080						
	Principal occu	pat	ion / Job title (See Instructions)		Employer (See Instructions	5)		
	Sales Direct	or				Ericsson Inc			
	Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/22/2023		Dana, Sickler	_					\$1,000.00
		ļ	Contributor address; City; St	ate; Zip Code			1		
			Plano, TX 75025						
	Principal occu	pat	ion / Job title (See Instructions)		Employer (See Instructions	s)		
	Property Ma	na	gement			Dutton & Sickler Proper	ties	3	
	Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/31/2023		Decker, Blaine	_					\$150.00
		ļ	Contributor address; City; St	ate; Zip Code			1		
			, ,,	•					
			College Station, TX 77845	5					
	Principal occu	pat	ion / Job title (See Instructions)		Employer (See Instructions	s)		
	Financial Se	rvi	ces			Decker Financial Group			
	Date		Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	10/20/2023		Friedl, Christopher	_					\$1,000.00
		ļ	Contributor address; City; St	ate: Zip Code			ł		
			, , , , , , , , , , , , , , , , , , ,	, ,,					
			Carrollton, TX 75007						
	Principal occu	pat	ion / Job title (See Instructions)		Employer (See Instructions	<u>.</u> S)		
	Self-Employe	ed				Entrepreneur			
					_				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/38	
2	FILER NAME Kinard Jr., S				3	Filer ID (Ethics Commission 00087774	on Filers)
4	Date 09/08/2023	5 Full name of contributor Harper, Ryan 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75209	<u>, </u>				
8	Principal occu Media	pation / Job title (See Instructions)		9 Employer (See Instructions Harper Belmont Media	5)		
	Date 09/28/2023	Full name of contributor Harris, Chad Contributor address; City; State Dallas, TX 75225	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Energy Sect			Harris Energy Texas LL	С		
	Date 12/07/2023	Full name of contributor Harris, Chad Contributor address; City; Stat Dallas, TX 75225	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,070.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Energy Sect			Harris Energy Texas LL			
	Date 12/31/2023	Full name of contributor Hayes, Richard Contributor address; City; Stat)		Amount of Contribution (\$)	\$530.00
		Denton, TX 76201					
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Hayes, Berry, White & \		zant LLP	
	Date 12/29/2023	Full name of contributor Hix, Robert Contributor address; City; State Plano, TX 75023	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$107.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/38	
2	FILER NAME Kinard Jr., St	teve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	n Filers)
4	Date 12/14/2023	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$125.00
•	Dringing! goog	Richardson, TX 75080	lo.	Employer (Coo Instructions			
8	Principal occu Property Mai	pation / Job title (See Instructions) nager	9	Employer (See Instructions Hoppenstein Properties		<u>.</u>	
	Date 07/07/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$200.00
	Dringing aggr	League City, TX 77573		Employer (See Instructions	_		
	District Clerk	pation / Job title (See Instructions)		Employer (See Instructions Galveston County)		
	Date 07/28/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$107.00
		Dallas, TX 75209					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 08/28/2023	Kinard, Myrna	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$107.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/28/2023	Kinard, Myrna	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$107.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			, ,				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/38	
2	FILER NAME Kinard Jr., S	teve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	n Filers)
4	Date 10/28/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$107.00
8	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
Ü	Retired	pation / 300 title (See instructions)	ľ	Retired	')		
	Date 11/28/2023	Full name of contributor out- Kinard, Myrna Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$107.00
		Dallas, TX 75209					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 12/28/2023	Full name of contributor out- Kinard, Myrna Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$107.00
		Dallas, TX 75209					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 10/12/2023	Kinard, Scott	of-state PAC (ID#:)		Amount of Contribution (\$)	\$530.00
	Principal occu Managemen	pation / Job title (See Instructions) t Consultant		Employer (See Instructions	5)		
	Date 07/05/2023	Kinard Jr., Steve	of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Texas Blockchain Coun			
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/38	
2	FILER NAME Kinard Jr., Si	teve A. (Mr.)				3	Filer ID (Ethics Commission 00087774	on Filers)
4	Date 10/20/2023	5 Full name of contributor Kinard Jr., Steve6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$1.00
		Richardson, TX 75080						
8	Principal occu Director	pation / Job title (See Instructions	9		Employer (See Instructions Texas Blockchain Coun			
	Date 10/20/2023	Full name of contributor Kinard Jr., Steve Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Director	panon, eos uno (eos monacione	,		Texas Blockchain Coun			
	Date 10/20/2023	Full name of contributor Kinard Jr., Steve Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75080						
	Principal occu Director	pation / Job title (See Instructions	s) 		Employer (See Instructions Texas Blockchain Coun			
	Date 10/20/2023	Full name of contributor Kinard Jr., Steve Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Director	pation / Job title (See Instructions	5)		Employer (See Instructions Texas Blockchain Coun			
	Date 07/05/2023	Full name of contributor Kinard Sr., Steve Contributor address; City; Si Dallas, TX 75209	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	(5)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/38	
2	FILER NAME Kinard Jr., S	eve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	on Filers)
4	Date 10/12/2023	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	7	Amount of Contribution (\$)	\$1,700.00
	Dringing Loon	Dallas, TX 75252	lo.	Employer (Coo Instructions			
8	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Kurtin Vision Specialists			
	Date 10/17/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$251.00
		Dallas, TX 75219					
	Owner	pation / Job title (See Instructions)		Employer (See Instructions TGP Operations)		
	Date 07/14/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$251.00
		Greenwich, CT 68300					
	Principal occu CEO	oation / Job title (See Instructions)		Employer (See Instructions Cormint)		
	Date 12/07/2023	McAvity, James				Amount of Contribution (\$)	\$251.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Cormint)		
	Date 11/17/2023	Millard, Matt	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Owner	oation / Job title (See Instructions)		Employer (See Instructions Glodell Mining)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/38	
2	FILER NAME Kinard Jr., S	teve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	on Filers)
4	Date 07/06/2023	5 Full name of contributor Murrell, Jimmie6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)		Retired	,		
	Date 07/17/2023	Full name of contributor Ng, Philip Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$107.00
		Atlanta, GA 30307					
	Principal occu Business De	pation / Job title (See Instructions) velopment		Employer (See Instructions Soluna Technologies)		
	Date 12/31/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
		Plano, TX 75075					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/15/2023	Full name of contributor Rojer, Marileila Contributor address; City; State; Simi Valley, CA 93062	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/11/2023	Rojer Johnson, Mariola	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/38	
2	FILER NAME Kinard Jr., S	teve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	n Filers)
4	Date 12/11/2023	 Full name of contributor out-of-state PAC Rojer Johnson, Mariola Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Simi Valley, CA 93065 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired	,		Retired	,		
	Date 10/27/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$252.00
	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Businessma			Ericsson Inc	·)		
	Date 11/16/2023	Full name of contributor out-of-state PAC Savage, Tim Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$21.00
		Carrollton, TX 75007					
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Weaver	s)		
	Date 09/28/2023	Full name of contributor out-of-state PAC Shepler, Brian Contributor address; City; State; Zip Code Plano, TX 75024)		Amount of Contribution (\$)	\$251.00
	Principal occu Brian Sheple	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		
	Date 11/16/2023	Full name of contributor out-of-state PAC Shepler, Brian Contributor address; City; State; Zip Code Plano, TX 75024)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Brian Sheple	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		
			•				

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/38	
2	FILER NAME Kinard Jr., S	Steve A. (Mr.)		3	Filer ID (Ethics Commiss 00087774	ion Filers)
4	Date 07/15/2023	 Full name of contributor out-of-state PAC (ID#:_Sostak, John Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$500.00
•	Principal occu	Marble Falls, TX 78654 upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>		
8	Software	ipation / Job title (See Instructions)	Atomic See instructions	s) 		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Stephen, Weiland Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75209				
	Principal occu Attorney	upation / Job title (See Instructions)	Employer (See Instructions Squire Patton Boggs	s)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#: Travis, Kinard Contributor address; City; State; Zip Code Magnolia, TX 77354			Amount of Contribution (\$)	\$300.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Retired	I S)		

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	
-	Total pages Schedule F1:	
	Sch: 1/25 Rpt: 14/38	2 FILER NAME Sinard Jr., Steve A. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087774
4	Date	F. Davis same
4		5 Payee name
	08/29/2023	America's Future
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.04	1367 Connecticut Ave.
		Suite 200
		Washington DC NW, DC 20036
L		washington DC NW, DC 20030
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
		Attend networking and educational event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	07/05/2023	Anedot, Inc
⊢	Amount (\$)	Payee address; City; State; Zip Code
	. ,	
	\$41.40	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees for processing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	07/06/2023	Anedot, Inc
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees for processing
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/OI	
\vdash		
L		

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/25 Rpt: 15/38	Kinard Jr., Steve A. (Mr.)	00087774
4	Date	5 Payee name	
	07/14/2023	Anedot, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.34	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	, TX, officeholder living expense
		Fees for prod	cessing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	07/15/2023	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	outside of Texas. Complete Schedule T.
	LXI LINDITORE		ı, TX, officeholder living expense
		Fees for prod	essing
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
	D-4-		
	Date 07/17/2023	Payee name	
		Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.58	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Fees for prod	
		i dee lei piek	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (others extended that is a continuous)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi		Gift/Awards/Memorials Legal Services			ages	/Contract Labor		Travel Out of OTHER (enter	District a category not listed at	oove)
Ļ		-	EU ED:	The Instruction Gu	iiue expiaiiis	HOW TO COL	iibie	te uns ioini.	-	E1 :-	(Edition 2	E1
1	Total pages Schedule F1:	2							3		(Ethics Commiss	sion Filers)
	Sch: 3/25 Rpt: 16/38	L	Kinard Jr., S	steve A. (Mr.)						00087774		
4	Date	5	Payee name									
	10/12/2023		Anedot, Inc									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$89.80		1340 Poydra	as Street								
			Suite 1770									
			New Orlean	s I A 70112								
8	PURPOSE	(2)				<u> </u>	(b)	December!				
o	OF	(a)		e Categories listed at th		nedule)	(D)	Description	nutei	de of Teyes Co	omplete Schedule T.	
	EXPENDITURE		Suicitation/	Fundraising Exp	ense			Check if Austin				
								Fees for proc				
								•		=		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/O						-					
H	Date	Π	Payee name									
	10/20/2023		Anedot, Inc									
_	Amount (\$)	\vdash	Payee addres	ss; City;	State	; Zip Co	de					
	\$0.36		1340 Poydra	-	Siale	, <i>L</i> ip C0	uc					
	φυ.30		-	.5 JUCEL								
			Suite 1770									
			New Orlean	s, LA 70112								
	PURPOSE	(a)		e Categories listed at th		nedule)	(b)	Description				
	OF EXPENDITURE		Solicitation/	Fundraising Exp	ense			=			omplete Schedule T.	
								Check if Austin			ny expense	
								Fees for proc	,cs:	onig		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office	held	
	expenditure to benefit C/O		Januruate/OIII	onoluci name	(ome sou	grit			Office	noiu	
\vdash	Data	_										
	Date		Payee name									
	10/22/2023		Anedot, Inc									
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$4.30		1340 Poydra	as Street								
			Suite 1770									
			New Orlean	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			- -undraising Exp		•					omplete Schedule T.	
	LAFLINDITORE			- •				Check if Austin			ng expense	
								Fees for proc	ess	sing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	(Office sou	ght			Office	held	
	onponditure to belieff 6/01	•										
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/25 Rpt: 17/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	10/31/2023	Anedot, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for processing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	·
	Date	Payee name
	11/17/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for processing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	
	Date	Payee name
	12/07/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.44	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for processing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/OI	<u>'</u>

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal name C		
1	Total pages Schedule F1:		
	Sch: 5/25 Rpt: 18/38	Kinard Jr., Steve A. (Mr.) 00087774	
4	Date	5 Payee name	
	12/31/2023	Anedot, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.50	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
Ļ	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fees for processing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Davida nama	
	10/11/2023	Payee name Anedot, Inc	
		· ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Fees for processing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
L	11/16/2023	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.14	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fees for processing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Gift/Awards/Memorials Legal Services	·		ages.	/Contract Labor		Travel Out o OTHER (ent		rict ategory not listed above)
Ļ	-	-	EU EB:	The Instruction G	iiue expiaiiis	HOW to cor	iihie	te uns ioin.	-	E1 15		(Ethio Occupie)
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
	Sch: 6/25 Rpt: 19/38		Kinard Jr., S	Steve A. (Mr.)						0008777	′4	
4	Date	5	Payee name									
L	07/07/2023	L	Anedot, Inc									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$8.65		1340 Poydr	as Street								
			Suite 1770									
			New Orlean	s, LA 70112								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			Fundraising Exp		,		Check if travel				lete Schedule T.
	LAFLINDITORE							Check if Austin			iving 6	expense
								Fees for proc	ess	sing		
L												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ght			Office	e hel	d
		_										
	Date		Payee name									
	07/28/2023		Anedot, Inc									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$17.58		1340 Poydr	as Street								
			Suite 1770									
			New Orlean	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			Fundraising Exp				=				lete Schedule T.
								Check if Austin			iving 6	expense
								Fees for proc	.co:	onig		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(Office soug	aht			Office	e hel	d
	expenditure to benefit C/O						J•			200		-
F	Date		Payee name									
	08/28/2023		Anedot, Inc									
	Amount (\$)	\vdash	Payee addres	ss; City;	State	; Zip Co	de					
	\$4.77		1340 Poydr			, , ,						
	Ŧ ···· '		Suite 1770									
				s, LA 70112								
_	DUDDOCE	(=)				ı	/h\	December:				
	PURPOSE OF	^(a)		e Categories listed at t		nedule)	(n)	Description Check if travel	outsi	de of Texas (Comnl	lete Schedule T.
	EXPENDITURE		Julicitation/	Fundraising Exp	JE112E			Check if Austin				
								Fees for proc			-	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e hel	d
	expenditure to benefit C/OH	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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/25 Rpt: 20/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	09/08/2023	Anedot, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.73	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fees for processing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	09/15/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.15	1340 Poydras Street
	¥==:=0	Suite 1770
		New Orleans, LA 70112
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if Austin, TX, officeholder living expense
		Fees for processing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	
	Date	Payee name
	09/22/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.98	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fees for processing
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political 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 File	ore)
•	Sch: 8/25 Rpt: 21/38	Kinard Jr., Steve A. (Mr.) 00087774	513)
4	Date	5 Payee name	
	09/28/2023	Anedot, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$36.69	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
_	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fees for processing	
		T ccs for processing	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Payee name	
	10/11/2023	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	* *		
	\$17.29	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fees for processing	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	
	10/17/2023	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.77	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fees for processing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/25 Rpt: 22/38 Kinard Jr., Steve A. (Mr.) 00087774 4 Date Payee name 10/27/2023 Anedot, Inc 6 Amount (\$) Payee address; State; Zip Code \$10.81 1340 Poydras Street **Suite 1770** New Orleans, LA 70112 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees for processing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2023 Anedot, Inc Amount (\$) Payee address; City; State; Zip Code \$4.77 1340 Poydras Street **Suite 1770** New Orleans, LA 70112 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees for processing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/11/2023 Anedot, Inc Amount (\$) Payee address; City: State; Zip Code \$1.35 1340 Poydras Street Suite 1770 New Orleans, LA 70112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees for processing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	Al 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: 10/25 Rpt: 23/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	11/16/2023	Anedot, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.15	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees for processing
		Tees for processing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	11/28/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.77	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees for processing
		Toda for processing
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .
	Date	Payee name
	12/11/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.35	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Fees for processing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T		
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 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: 11/25 Rpt: 24/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	12/12/2023	Anedot, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.48	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Fees for processing
		Tees for processing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	12/17/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.15	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Fees for processing
		Tees for processing
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/28/2023	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.77	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Fees for processing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H		
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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/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: 12/25 Rpt: 25/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	12/29/2023	Anedot, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.77	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Fees for processing
		r ces for processing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/13/2023	Canyon Creek Postal
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.90	508 W Lookout Dr
		Suite 14
		Richardson, TX 75080
	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 Cutting and Mounting of large detailed map of district
		for display at events
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/11/2023	Christ Church Bookstore
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	4550 Legacy Dr
		Plano, TX 75024
	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 Handout for events
		nandout for events
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt: 26/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	10/26/2023	Christians Engaged
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$305.00	P.O. Box 472655
		Garland, TX 75047
8	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
		Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/06/2023	Collin County Elections
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.98	2010 Redbud Blvd
		Suite 102
		McKinney, TX 75069
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Map Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Order and print large detailed map of the district
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H	Date	Payee name
	11/28/2023	Collin County Republican Assembly
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 8407 Lanners Drive
	Φ20.00	6407 Lailleis Dilve
		McKinney, TX 75072
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Membership Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership in Collin County Republican Assembly
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:							
	Sch: 14/25 Rpt: 27/38	Kinard Jr., Steve A. (Mr.) 00087774						
4	Date 11/14/2023	5 Payee name Collin County Republican Party						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
ľ	\$750.00	2963 W 15th St						
	Ψ130.00							
		Ste 2981						
		Plano, TX 75075						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Ballot Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Fee to register to appear on the Republican primary						
		ballot						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	Complete ONLY if direct expenditure to benefit C/O							
-	Date	Payee name						
	12/01/2023	Constant Contact						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$8.96	1601 Trapelo Road						
	Ф0.90	1001 Hapelo Rodu						
		Waltham, CT 02451						
	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						
		Email Distribution management						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	•						
	Date	Payee name						
	09/29/2023	Dallas Jewish Conservatives						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$78.13	2530 Reagan St						
		Apt 3309						
		Dallas, TX 75219						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Attend networking event						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	H						
I								

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

	Credit Card Payment	The Instruction Guide explains how to con	•	ete this form.				
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
	Sch: 15/25 Rpt: 28/38	Kinard Jr., Steve A. (Mr.) 00087774						
4	Date	5 Payee name						
	12/13/2023	Dallas Jewish Conservatives						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le					
	\$62.69	2530 Reagan St						
		Apt 3309						
		Dallas, TX 75219						
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.				
	EXPENDITORE			Check if Austin, TX, officeholder living expense				
				Networking Event				
_								
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held				
	Date	Payee name						
	12/18/2023	Dallas Jewish Conservatives						
	Amount (\$)	Payee address; City; State; Zip Coo	le					
	\$13.30	2530 Reagan St						
		Apt 3309						
		Dallas, TX 75219						
	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.				
	2/11 2/13/17 C/12			Check if Austin, TX, officeholder living expense				
				Networking event				
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/O			Cinice Held				
-	Data	Davis						
	Date 07/24/2023	Payee name Farrell Gjesdal Strategy Group						
		,						
	Amount (\$)	Payee address; City; State; Zip Coc	ie					
	\$61.37	4040 Highway 6						
		Suite 200						
		College Station, TX 77845						
	PURPOSE OF	,	(b)	Description				
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				Business Cards				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held				
	expenditure to benefit C/O			22234				
-								

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 16/25 Rpt: 29/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	10/25/2023	Farrell Gjesdal Strategy Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	4040 Highway 6
		Suite 200
		College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		General Consulting Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/01/2023	Farrell Gjesdal Strategy Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$821.30	4040 Highway 6
		Suite 200
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Design and ordering push cards and door hangers
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	10/13/2023	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.65	1565 N Central Expy
		Suite 100
		Richardson, TX 75080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Push Cards
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 17/25 Rpt: 30/38	Kinard Jr., Steve A. (Mr.) 00087774	
4	Date	5 Payee name	
	11/15/2023	FedEx	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$232.73	1565 N Central Expy	
		Suite 100	
		Richardson, TX 75080	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Push Cards	
		l don cardo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	12/12/2023	Home Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.03	2220 N Coit Rd	
		Richardson, TX 75080	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Tool Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Tool needed to cut zip ties and bars for campaign	
		signs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/29/2023	Ikea	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.46	7171 Ikea Drive	
		Frisco, TX 75034	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
		Check if Austin, TX, officeholder living expense	
		Handouts for event	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			ſ

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/25 Rpt: 31/38	Kinard Jr., Steve A. (Mr.)	00087774
4	Date	5 Payee name	'
	12/13/2023	Keepers Press	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,994.29	1905 Alpha Dr	
		Suite 170	
		Rockwall, TX 75087	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign Signs
			Campaign Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		. Office field
-	Date	Payee name	
	08/30/2023	Logotology	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.32	1750 Alma Rd	
	Ψ33.32	Suite 122	
		Richardson, TX 75081	
			V
	PURPOSE OF	5 , (cor canagement and are top or anno constraint)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Name Tags	Check if Austin, TX, officeholder living expense
			Design and print Name Tags
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	12/05/2023	Logotology	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$266.22	1750 Alma Rd	
		Suite 122	
		Richardson, TX 75081	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Design and print pull-up banners for campaign
			Design and print pair up barriers for campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		. Onice field
-			
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.		
1 T	otal pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
S	ch: 19/25 Rpt: 32/38	Kinard Jr., Steve A. (Mr.)			00087774	
4 D	ate	5 Payee name		· · · · · · · · · · · · · · · · · · ·		
0	8/17/2023	Matt Shaheen Campaign				
6 A	mount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$25.00	3917 MALTON DR				
		Plano, TX 75025				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outsid		
	LAPENDITORE			Check if Austin, TX,		g expense
				Attend fundraisin	ig event	
•	amplete ONII V if divest	Condidate/Officeholder name			Office h	- I - I
	omplete <u>ONLY</u> if direct openditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt		Office he	eiu
_						
	ate	Payee name				
	1/30/2023	Mission Ridge				
Α	mount (\$)	Payee address; City; State; Zip Co	ode			
	\$43.28	4340 Mapleshade Lane				
		Plano, TX 75093				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
ı	EXPENDITURE	Event Expense		Check if travel outsion Check if Austin, TX,		
				Handouts for Eve		у схропос
С	omplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
ex	penditure to benefit C/OI	1				
D	ate	Payee name				
1:	2/14/2023	Mudleaf Coffee				
Α	mount (\$)	Payee address; City; State; Zip Co	ode			
	\$120.00	3100 Independence Pkwy				
		•				
		Plano, TX 75075				
	PURPOSE	-	(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(0)	Description Check if travel outside	le of Texas. Com	plete Schedule T.
ı	EXPENDITURE	Event Expense		Check if Austin, TX,		
				Coffee and drink	s for event	
	omplete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
e	kpenditure to benefit C/OI	1				

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/25 Rpt: 33/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	10/16/2023	Neil Williams Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.43	1400 E Renner Rd
		Richardson, TX 75082
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Photography Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photography for updating website and push cards
		Thotography for apacing website and pash saras
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/26/2023	Rodeo Goat Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.46	3111 Preston Rd
		Frisco, TX 75034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch while spending a full day putting up signs
		Edition While Spending a rail day patting up signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/12/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.98	301 Coit Rd
	Ψ113.30	301 Coll Nu
		Plano, TX 75075
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food and Beverage for Fundraising Event
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTEN (enter a category not isseed above)					
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)					
	Sch: 21/25 Rpt: 34/38		00087774					
4	Date	5 Payee name						
	12/12/2023	Target						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$16.11	16731 Coit Rd						
		Dallas, TX 75248						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	1 · · · · · · · · · · · · · · · · · · ·	side of Texas. Complete Schedule T.					
	LAFENDITORE	I —	X, officeholder living expense					
		Handouts for e	vent					
_			000					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/15/2023	Texas Public Policy Foundation						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	901 Congress Ave						
		Austin, TX 78701						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Membership Check if travel out	side of Texas. Complete Schedule T.					
		Liberty Leaders	X, officeholder living expense					
		Liberty Leaders	Silly Club					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI		Cinice Held					
	Date	Davida nama						
	12/07/2023	Payee name Texas Values						
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 1005 Congress Ave						
	\$125.00							
		Suite 830						
		Austin, TX 78701						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	side of Taura Complete Calculula T					
	EXPENDITURE	Event Expense	side of Texas. Complete Schedule T. X, officeholder living expense					
		Awards Lunche						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	•						
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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 Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
_	Sch: 22/25 Rpt: 35/38	Kinard Jr., Steve A. (Mr.) 00087774					
4	Date	5 Payee name					
	11/08/2023	Third Coast Bank					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$37.43	5000 Legacy Dr					
		Plano, TX 75024					
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.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Banking Fee to Order Checks					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/13/2023	Tom Thumb					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$95.74	18212 Preston Rd					
		Dallas, TX 75252					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Food and Beverage for Fundraising Event					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data	David and the second se					
	Date 10/23/2023	Payee name Twitter					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$8.64	1355 Market St					
		Suite 900					
		San Francisco, CA 94103					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Twitter premium					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	y					

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	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: 23/25 Rpt: 36/38	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	11/21/2023	Twitter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.64	1355 Market St
		Suite 900
		San Francisco, TX 94103
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Twitter Premium
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Twitter
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.74	1355 Market St
		Suite 900
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Twitter Premium
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/21/2023	Twitter
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.28	1355 Market St
		Suite 900
		San Francisco, TX 94103
	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Twitter Premium
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 24/25 Rpt: 37/38	Kinard Jr., Steve A. (Mr.) 00087774	
4	Date	5 Payee name	
	12/04/2023	United States Postal Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$124.00	3400 Coit Rd	
		Plano, TX 75075	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	PO Box Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Rent a PO Box to manage mail for campaign	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
_			=
	Date	Payee name	
	07/26/2023	Young Republican National Federation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	1015 15th St	
		#600	
		Washington DC NW, TX 20005	
	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 National Conference	
		Tradional Conference	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	=
	07/31/2023	Young Republican National Federation	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	1015 15th St NW	
		#600	
		Washington DC, DC 20005	
	PURPOSE	To the state of th	_
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		National Conference	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	¬	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expens	d/Rental Expense e se s/Contract Labor	Travel in Distri	
l	Credit Card Payment		The Instruction Guide expla	ins how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)
	Sch: 25/25 Rpt: 38/38	Kinard Jr.,	Steve A. (Mr.)			00087774	
4	Date	5 Payee name	1				
	12/13/2023	ziptie.com					
Ļ		7 Payee addre	ooo Citu Ct	esta: Zin Cada			
ľ	Amount (\$)			ate; Zip Code			
l	\$78.33	574 Kenne	uy Ru				
		Akron, OH	44305				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule) (b)	Description		
l	OF EXPENDITURE	Signs		, I	Check if travel	outside of Texas. Co	mplete Schedule T.
l	LAFENDITORE				_	, TX, officeholder livii	ng expense
l					zipties to mou	unt road signs	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Of	ficeholder name	Office sought		Office h	neld
	experiulture to beriefft C/Oi	1					
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