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 Commission 00087774	on Filers)	2 Total pages filed 11	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONLY
NAME	Mr.	Steve A.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
	NICKNAME	Kinard Jr.		SUFFIX	02,00,202 !	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	Pate Postmarked
OFFICEHOLDER MAILING	2506 Valley Forge					T
ADDRESS					Receipt #	Amount
Change of Address	Richardson, TX 75080				Date Processed	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Steve A.				
NAME		0.0707				
	NICKNAME	LAST		SUFFIX		
		Kinard Jr.		SUFFIX		
		Killalu JI.				
C CAMBAICNI	CTDEET ADDDECC (NO DO	DOV DI EACE).	ADT /	CUITE # CITY	CTAT	TE: 71D CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT /	SUITE#; CITY;	STAT	E; ZIP CODE
ADDRESS	2506 Valley Forge					
(Residence or Business)						
	Richardson, TX 75080					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(469) 441-5067	L NOMBLIC L	LATENSION			
PHONE	(409) 441-3007					
8 REPORT						
TYPE	January 15	30th day before	election R	unoff	15th day after camp	paign treasurer
		_		<u></u>	appointment (office	holder only)
	July 15	8th day before 6		xceeded modified eporting limit	Final Report (Attach	n C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	01/25/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024	□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)		1:	12 OFFICE SOUGHT	(if known)	
				State Representa		
				•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Kinard Jr., Steve A. (Mr.)	14 Filer ID (Ethics Commiss	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowle	dge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	_	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	ss		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	1,381.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	409.02
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	8,818.87
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 penalt true and correct and includes a under Title 15, Election Code.			
			Steve A. Kinard Jr. Candidate or Officehol	dor	
		Signature of	Candidate of Officerior	uei	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	d	ay
		ertify which, witness my hand and seal of office.			,
Signature of offi	cer administering	Printed name of officer administering	Title of officer	r administering o	oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				VLK 3	3 of 11
	ER NAN	Steve A. (Mr.)	19 Filer ID 00087774	(Ethics Co	mmission Filers)
I	HEDULI ME OF	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,381.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	409.02
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.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/11	
2	FILER NAME Kinard Jr., S	eve A. (Mr.)			3	Filer ID (Ethics Commission 00087774	n Filers)
4	Date 01/07/2024			7	Amount of Contribution (\$)	\$500.00	
_	Deireireles	Columbus, OH 43215	lo.	Familia yan (Coo Instructions			
8	Business	pation / Job title (See Instructions)	9	Employer (See Instructions Instantwhip Foods			
	Date Full name of contributor out-of-state PAC (ID#:) 01/21/2024 Jeffrey, Crawford Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Agoura Hills, CA 91301 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Retired			Retired			
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:) Mariola, Rojer Johnson Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Simi Valley, CA 93065					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/10/2024 Migdalia, Bruns Contributor address; City; State; Zip Code Simi Valley, CA 93065		,		Amount of Contribution (\$)	\$251.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/09/2024 Richard, Hayes Contributor address; City; State; Zip Code Houston, TX 77058			Amount of Contribution (\$)	\$530.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	s)		
			1				

	MONET	TARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/11		
2	FILER NAME Kinard Jr., S	Steve A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087774
4	Date 01/08/2024	 Full name of contributor	7	Amount of Contribution (\$) \$50.00		
8	Principal occu	Reseda, CA 91337 upation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Inmittee Legal Services The Instruction Guice	Sala		ges/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
_	Total manage Coloradula 54	<u> </u>		2	5011		1~	Files ID	(Ethios Commission Eller)	_
	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/6 Rpt: 6/11	L	Kinard Jr., Steve A. (Mr.)					00087774		
4	Date	5	Payee name							
	01/07/2024		Anedot, Inc							
6	Amount (\$)	7	Payee address; City;	State; Zip	o Cod	e				
	\$20.30		1340 Poydras Street							
			Suite 1770							
			New Orleans, LA 70112							
با	DUDDOCE	/-·			1.	b) - · ·				_
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this schedule)) [b) Description		:d4.T	alata Calcadula T	
	EXPENDITURE		Fees					ide of Texas. Comp , officeholder living		
						Donation pro			, 5	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office	soug	ht		Office he	7ld	_
9	expenditure to benefit C/O		andidate/Officeholder name	Office	soug	111		Office fie	au	
L		_								_
	Date		Payee name							
	01/08/2024	L	Anedot, Inc							
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e		· · · · ·		
	\$2.30		1340 Poydras Street							
			Suite 1770							
			New Orleans, LA 70112							
	PURPOSE	(a)	Category (See Categories listed at the	ton of this schedule)	. (b) Description				_
	OF	<u> </u> `	Fees	top of this schedule)	<u> </u>	`	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living	expense	
						Donation pro	ces	ssing		
	Complete ONLY if direct		andidate/Officeholder name	Office	soug	ht		Office he	eld	
	expenditure to benefit C/O	П								
	Date		Payee name							
	01/09/2024		Anedot, Inc							
	Amount (\$)	T	Payee address; City;	State; Zip	o Cod	e				
	\$22.40		1340 Poydras Street							
			Suite 1770							
			New Orleans, LA 70112							
_	DUDDOS-	, .			1.	L.\ _ · · ·				_
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this schedule)) [b) Description Check if travel	Oute	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE		Fees					, officeholder living		
						Donation pro			•	
						,		-		
	Complete ONLY if direct		Candidate/Officeholder name	Office	soug	ht		Office he	eld	_
	expenditure to benefit C/O			200	9					
										_

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

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

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: 2/6 Rpt: 7/11	Kinard Jr., Steve A. (Mr.) 00087774
4 Date	5 Payee name
01/10/2024	Anedot, Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.77	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	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Donation processing
	Donation processing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/Or	
Date	Payee name
01/11/2024	Anedot, Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1.35	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	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation Processing
	Donation 1 rocessing
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/21/2024	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 EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_//	Check if Austin, TX, officeholder living expense
	Donation processing
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	y

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 comp	plete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/6 Rpt: 8/11	Kinard Jr., Steve A. (Mr.)			00087774	
4	Date	5 Payee name		'		
	01/08/2024	Collin County Conservative Republicans				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$114.95	PO Box 250515				
		Plano, TX 75025-0515				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription		
	OF EXPENDITURE	Event Expense		Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE		\Box	Check if Austin, TX, o		expense
			18	able at candidat	e forum	
_	0 1: 0.11.7.7.1.				0". 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	·					
	Date	Payee name				
	01/02/2024	Constant Contact				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$8.96	1601 Trapelo Road				
		Waltham, CT 02451				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription		
	OF EXPENDITURE	Advertising Expense		Check if travel outsid		
			∐ Fr] Check if Austin, TX, on TX,	onicendider living	expense
				Tian corvice		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	01/11/2024	Dickey's Barbecue Pit				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$11.91	2160 N Coit Rd				
	Ψ11.01	Ste 146				
		Richardson, TX 75080				
	DUDDOOF					
	PURPOSE OF	,	o) De □	escription Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense	H	Check if Austin, TX, o		
			Lu	unch while bloc	k walking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	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 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 4/6 Rpt: 9/11	2 FILER NAME Kinard Jr., Steve A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087774
4	Date 01/12/2024	5 Payee name Eiland Coffee Canyon Creek	I
	Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 2701 Custer Pkwy Ste 917 Richardson, TX 75080	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch while block walking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/08/2024	Payee name Local Yocal	
	Amount (\$) \$74.04	Payee address; City; State; Zip Code 213 N Tennessee St	
	PURPOSE OF EXPENDITURE	McKinney, TX 75069 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch while putting up road signs
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/10/2024	Payee name Pho OK LLC	
	Amount (\$) \$12.77	Payee address; City; State; Zip Code 955 E Campbell Rd 100	
		Richardson, TX 75081	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch while block walking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 5/6 Rpt: 10/11	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	01/22/2024	Princi Italia Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.05	5959 Royal Ln
		Ste 707
		Dallas, TX 75230
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 Lunch
		Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 °
	Date	Payee name
	01/11/2024	Shell Service Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.56	699 W Renner Rd
		Richardson, TX 75080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for block walking and meeting voters
		Cas for shook walking and meeting voters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/11/2024	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.73	16817 Coit Rd.
		Dallas, TX 75248
	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.
		Clinboards for gothering information at condidate
		Clipboards for gathering information at candidate forums
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	ise	Polling Exp	nead/Rental Expens ense lense lges/Contract Labor		Travel in Distric Travel Out of Di	
	Credit Card Payment			The Instruction Guide e	xplains h	now to con	plete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 11/11		Kinard Jr.,	Steve A. (Mr.)					00087774	
4	Date	5	Payee name	1						
	01/21/2024		Twitter	•						
٦	Amount (\$)	 -	Payee addre	ess; City;	Ctoto:	Zip Cod				
ľ	\$17.28	ľ	1355 Mark		State,	Zip Coc	.			
	φ17.20			el Si						
			Suite 900							
			San Franci	sco, TX 94103						
8	PURPOSE	(a)	Category (S	See Categories listed at the top	of this sche	edule)	b) Description	1		
	OF EXPENDITURE		Advertising							nplete Schedule T.
	LA LIBITORE								, officeholder livin	g expense
							Premium	memb	ersnip	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	ficeholder name	0	Office soug	ht		Office h	eld
	experience to benefit of or									
l										