### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm	· · · · · · · · · · · · · · · · · · ·	2 Total pages f	iled: 15
a CANDIDATE /	I MC / MDC / MD	FIDOT	0000111			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER	Mr.	Steve A.				
NAME					Date Received	
					ELECTRONIC	ALLY FILED
					00/05/0004	
	NICKNAME	LAST		SUFFIX	02/25/2024	
		Kinard Jr.				
		ranara or.				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CIT	TY:	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER		,	,			
MAILING	2506 Valley Forge					
ADDRESS					Receipt #	Amount
l <u></u>						
Change of Address	Richardson, TX 75080				Date Processed	
					Date Processed	
					Date Imaged	
					<u></u>	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	NA:-	Ctours A				
NAME	Mr.	Steve A.				
	NICKNAME	LAST		SUFFIX		
		Kinard Jr.				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	·	,				
ADDRESS	2506 Valley Forge					
(Residence or Business)	Distantes TV 75000					
	Richardson, TX 75080					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER		IL NOWIDER	LXTLNSION			
PHONE	(469) 441-5067					
ITTONE						
8 REPORT	l	_			_	
TYPE	January 15	30th day befor	e election	Runoff		ampaign treasurer
		_		<u> </u>	appointment (off	riceholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Att	tach C/OH-FR)
		<u> </u>		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	Т	HROUGH	02/24/2024	1	
	01/20/2024	•		02/24/202	•	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
		<sub> </sub>	Drimon.	Runoff	Othor	
	1	X F	Primary	Rulloll	Other	
	03/05/2024		General	Special		
		Ц	Selleral	Special		
11 OFFICE	OFFICE HELD (if and			12 OFFICE SOUGHT	(if known)	
11 OFFICE	OFFICE HELD (if any)					
				State Representa	ative District 70	
		GO.	TO PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Kinard Jr., Steve A. (	Mr.)	<b>14</b> Filer ID (00087774	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 27,957.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 16,121.23
CONTRIBUTION BALANCE	REPORTING PE			\$ 20,709.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> 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	day
		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

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			J V E I C OI I	3 of 15			
	8 FILER NAME  Kinard Jr., Steve A. (Mr.)  19 Filer ID (Ethics Commission Filers)  00087774						
l	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,957.00			
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 CONTRIBUTION:	S	\$	16,121.23			
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	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE /	<b>41</b>
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/3 Rpt: 4/15	
2	FILER NAME Kinard Jr., S	FILER NAME Kinard Jr., Steve A. (Mr.)			3	Filer ID (Ethics Commission File 00087774	ers)
4	Date 02/20/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$3	300.00	
		Dallas, TX 75287	į				
8	Principal occu Nurse	pation / Job title (See Instructions)	9	Employer (See Instructions Self-employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/29/2024 Denise , Midgley  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2	200.00		
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
Date Full name of contributor out-of-state PAC (ID#:  02/10/2024 Edward, Rowen  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00		
		Plano, TX 75072					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
Date O1/29/2024 Family Empowerment Coalition PAC  Contributor address; City; State; Zip Code  Austin, TX 78734				Amount of Contribution (\$) \$25,0	00.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date Full name of contributor out-of-state PAC (ID#:)  02/17/2024 Ha, Khoa  Contributor address; City; State; Zip Code  Plano, TX 75025			Amount of Contribution (\$) \$2	251.00			
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Vizient Inc	)		
			'				

	MONET	ARY POLITICAL CO	NTRIBUTIONS		SCHEDUI	LE <b>A1</b>
	The Instruc	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/3 Rpt: 5/15	
2	FILER NAME Kinard Jr., St	tove A (Mr.)		3	Filer ID (Ethics Commission 00087774	on Filers)
_						
4	Date 02/07/2024			)  7	Amount of Contribution (\$)	\$1,070.00
		Denton, TX 76201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Insti	ructions)		
	Lawyer		Hayes, Berry, Wh	iite & Var	nzant LLP	
	Date 01/28/2024	Full name of contributor Kinard, Myrna Contributor address; City; State	out-of-state PAC (ID#:; Zip Code		Amount of Contribution (\$)	\$107.00
		Dallas, TX 75209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Insti	ructions)		
	Retired		Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	02/06/2024	Nelson, Stephen				\$53.00
		Contributor address; City; State	; ZIP Code			
	Dringing aggr	Plano, TX 75075	Employer (See Inst	ruotiono)		
	Consultant	pation / Job title (See Instructions)	Employer (See Insti	ructions)		
		Full name of contributor		<u>, T</u>	Amount of Contribution (#)	
	Date 01/31/2024	Full name of contributor	out-of-state PAC (ID#:	_	Amount of Contribution (\$)	\$75.0
	01/31/2024	Patterson, Troy				\$75.00
		Contributor address; City; State Plano, TX 75075	; Zip Code			
	Principal occu	pation / Job title (See Instructions)	Employer (See Insti	ructions)		
	Business Ow	vner	Visigistics LLC			
	Date	Full name of contributor	out-of-state PAC (ID#:	_)	Amount of Contribution (\$)	
	02/06/2024	Robert, Wittmeyer	•			\$107.00
		Contributor address; City; State	; Zip Code			
		Austin, TX 78736				
	Principal occu	pation / Job title (See Instructions)	Employer (See Inst	ructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/15	
2	FILER NAME Kinard Jr., S			3	Filer ID (Ethics Commission 00087774	n Filers)
4	1 Date 02/11/2024 5 Full name of contributor out-of-state PAC (ID#:)  Rojer Johnson, Mariola  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
8	Dringing oggu	Simi Valley, CA 93065 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Retired	pation / Job title (See Instructions)	Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/18/2024 Siminiuk, Danny  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$107.00
	Principal occu	Plano, TX 75025 pation / Job title (See Instructions)	Employer (See Instructions			
		ems Engineer	DXC Technology	,		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$107.00	
		Plano, TX 75025				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$530.00	
Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired			Employer (See Instructions Retired	)		

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	4
1	Total pages Schedule F1:		
	Sch: 1/9 Rpt: 7/15	Kinard Jr., Steve A. (Mr.) 00087774	╝
4	Date	5 Payee name	
	02/24/2024	Ali Baba Mediterranean	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.16	2103 N Central Expy,	
		Richardson, TX 75080	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	-
		Meal while poll greeting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to beliefit C/Oi		
	Date	Payee name	
	02/18/2024	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4.77	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing	-
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	7
L	expenditure to benefit C/OI	н	
	Date	Payee name	_
	02/17/2024	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	7
	\$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	Fees Categories instead at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to belieff 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
_	Sch: 2/9 Rpt: 8/15	Kinard Jr., Steve A. (Mr.)	13)
4	Date	5 Payee name	
	02/11/2024	Anedot, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.35	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	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/10/2024	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Category   (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Processing	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/07/2024	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.10	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	DUDDO05		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Processing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	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:	
	Sch: 3/9 Rpt: 9/15	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	02/06/2024	Anedot, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.52	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
		2 3.1888.1 1 1000000.19
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	02/06/2024	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.58	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2024	Anedot, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.40	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing
		23999999
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 4/9 Rpt: 10/15	Kinard Jr., Steve A. (Mr.)	00087774
4	Date 02/04/2024	5 Payee name Anedot, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.77	1340 Poydras Street	
		Suite 1770	
	DUDDOCE	New Orleans, LA 70112	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Donation Pro	cessing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
_	expenditure to benefit C/Oh		Office field
	Date	Payee name	
	01/31/2024	Anedot, Inc	
	Amount (\$) \$3.44	Payee address; City; State; Zip Code  1340 Poydras Street	
	ФЗ.44	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 of	outside of Texas. Complete Schedule T.
	-	Check if Austin, Donation Pro	TX, officeholder living expense Cessina
			J
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	01/28/2024	Anedot, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.77	1340 Poydras Street	
		Suite 1770	
	DUDDOSE	New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Donation Pro	cessing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	п	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		bove)
1	Total pages Schedule F1:		sion Filers)
	Sch: 5/9 Rpt: 11/15	Kinard Jr., Steve A. (Mr.) 00087774	
4	Date	5 Payee name	
	02/05/2024	Collin County Elections Office	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.06	2010 Redbud Blvd Ste 102	
		McKinney, TX 75069	
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  Voter Registration Data	
		1 Star Hogistiation Batta	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Jn	
	Date	Payee name	
	01/31/2024	Collin County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	2963 W 15th St	
		Ste 2981	
		Plano, TX 75075	
	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	
		Lincoln Dinner	
	Complete ONLY if direct expenditure to benefit C/OH	L L Candidate/Officeholder name Office sought Office held  OH	
L			
	Date	Payee name	
	01/31/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.96	1601 Trapelo Road	
		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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	он	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 6/9 Rpt: 12/15	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	02/21/2024	Farrell Gjesdal Strategy Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,809.20	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  Push Card Design and Printing
		Fusit Card Design and Finding
_	Operation ONLY if direct	Our stide to 10 ff as health are are a second to the secon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2024	Farrell Gjesdal Strategy Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$13,395.00	4040 Highway 6
	. ,	Suite 200
		College Station, TX 77845
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mail and Text Campaign Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	02/20/2024	Jaek's Gameday
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.16	3033 W Parker Rd 109
		Plano, TX 75023
	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
		Meetup Meetup
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guid	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission File	ers)
	Sch: 7/9 Rpt: 13/15		Steve A. (Mr.)					00087774		
4	Date	5 Payee nam	е							
	02/20/2024	Keepers P	ress							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip C	ode					
	\$239.77	1905 Alph	a Dr							
		Suite 170								
		Rockwall,	TX 75087							
8	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisin	g Expense			_		ide of Texas. Com		
						Campaign Sign		, officeholder living	j expense	
						oupa.g o.,	9			
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
F	Date	Payee nam	e							
	02/23/2024	Lezzet Ca								
Н	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$31.93	6869 Fran	kford Rd							
		Dallas, TX	75252							
	PURPOSE OF	l	See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense					ide of Texas. Com , officeholder living		
						Meal while Po			, - ,	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
F	Date	Payee nam	e							
	02/23/2024	l í	ar in Texas							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$22.40	601 E Plai								
			<b>,</b>							
		Plano, TX	75074							
	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			ш		ide of Texas. Com		
						Meal while Po		, officeholder living Greeting	g expense	
						MICAI WITHE F	UII '	Creding		
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI				_					
$\vdash$										
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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 Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 14/15	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	02/15/2024	Mudleaf Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.19	3100 Independence Pkwy
		Plano, TX 75075
8	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
		Meetup
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Davisa nama
	02/23/2024	Payee name Pho OK LLC
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.85	955 E Campbell Rd 100
		Richardson, TX 75081
	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
		Meal while Poll Greeting
		Wed wille Foll Greening
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	02/23/2024	Thai Jasmine
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.11	2050 W Spring Creek Pkwy,
		Plano, TX 75023
	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
		Meal while Poll Greeting
		Wear write 1 on Greening
$\vdash$	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
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Mange/Contract Labor

	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: 9/9 Rpt: 15/15	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	01/31/2024	Turkish Cafe Plano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.18	8412 Preston Rd
		Plano, TX 75024
8	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
		Meetup
		Inotap
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D :	
	Date	Payee name
	02/21/2024	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 Austin, TX, officeholder living expense
		premium
L	Computate ONLY if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	02/20/2024	Valero Custer
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.21	3300 Custer Rd
		Plano, TX 75023
	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
		Poll Greeting
$\vdash$	Complete ONLY if divert	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$		