CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00067801		2 Total pages filed: 20				
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY			
OFFICEHOLDER	The Honorable	Kyle J.							
NAME	The Honorable	Ryle 0.			Date Received				
					ELECTRONICA	ALLY FILED			
	NICKNAME	LAST		SUFFIX	07/15/2024				
		Kacal							
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked			
OFFICEHOLDER MAILING	PO Box 6628								
ADDRESS					Receipt #	Amount			
Change of Address	College Station, TX 77805								
					Date Processed				
					Date Imaged				
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-				
TREASURER									
NAME									
	NICKNAME	LAST		SUFFIX					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE			
TREASURER									
ADDRESS									
(Residence or Business)									
7 CAMPAIGN TREASURER	AREA CODE PHON	E NUMBER	EXTENSION						
PHONE									
8 REPORT		_		_					
TYPE	January 15	30th day before	e election	Runoff	15th day after car appointment (offic				
			-la -tian 🗖		3				
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)			
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	01/17/2024	TF	IROUGH	06/30/202	4				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year		rimary	Runoff	Other				
			Seneral	Special					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)				
	State Representative Distr	ict 12		State Representa	ative District 12				
	GO TO PAGE 2								
Forms provided by Te	xas Ethics Commission		hics.state.tx.u	s	Versio	on V4.1.0.d378aba0			
i sinis provided by Te		vvvvv.Cl			versit	,, v+.1.0.007000000			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 20

13 C / OH NAME	Kacal, Kyle J. (The H	Kacal, Kyle J. (The Honorable)14 Filer ID00067801				
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	he 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	S			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 31,822.31		
CONTRIBUTION BALANCE	REPORTING PE			\$ 18,216.52		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		The Hor	iorable Kyle J. Kacal			
			Candidate or Officehol			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
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 offi	cer administering	Printed name of officer administering	Title of office	r administering oath		
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us	,	Version V4.1.0.d378aba0		

SUBTOTALS - C/OH	FORM C/OH	
	CC	OVER SHEET PG 3 3 of 20
18 FILER NAME Kacal, Kyle J. (The Honorable)	19 Filer ID 00067801	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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	\$ 31,822.31
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	
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	\$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin ittee Legal Services Salarie The Instruction Guide explains how to	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 1/17 Rpt: 4/20	Kacal, Kyle J. (The Honorable) 00067801								
4	Date 02/01/2024	Payee name AT&T								
6	Amount (\$)	' Payee address; City; State; Zip Code								
	\$81.22	917 William D. Fitch Pkwy College Station, TX 77845								
8	PURPOSE		(b) Departmention							
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign cell phone 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held						
	Date	Payee name								
	02/29/2024	Т&Т								
	Amount (\$)	ayee address; City; State; Zip	Code							
	\$80.97									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign cell phone							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held						
	Date	'ayee name								
	05/01/2024	T&T								
	Amount (\$) \$162.91	ayee address; City; State; Zip 17 William D. Fitch Pkwy	Code							
		College Station, TX 77845	_							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense II phone						
	Complete ONLY if direct expenditure to benefit C/OF	Indidate/Officeholder name Office s	bught	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Li Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P Legal Services S The Instruction Guide explains how	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 2/17 Rpt: 5/20	acal, Kyle J. (The Honorable)		00067801						
4	Date	ayee name								
	06/03/2024	AT&T								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$81.94	917 William D. Fitch Pkwy								
		college Station, TX 77845								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign cell phone										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ce sought	Office held						
	Date	ayee name								
	01/17/2024	Т&Т								
	Amount (\$)Payee address;City;State;Zip Code\$81.22917 William D. Fitch Pkwy									
		college Station, TX 77845								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedu Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Il phone						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ce sought	Office held						
	Date	ayee name								
	01/31/2024	merican Momentum Bank								
	Amount (\$) \$5.00	ayee address; City; State; 2 030 State Highway 6 S., Suite 100	Zip Code							
		college Station, TX 77845								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedu	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense ment fee for campaign account						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ce sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			mmittee	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District			Equipment & Related Expe				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/17 Rpt: 6/20			e J. (The Honorab	le)				00067801	·	,
4	Date	5	Payee name	9							
	02/29/2024		American Momentum Bank								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$5.00		4030 State Highway 6 S., Suite 100								
				0 y <i>i</i>							
			College St	ation, TX 77845							
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description				
	OF		Accounting			,	Check if trave	l outs	ide of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		-	-					, officeholder livin		
							Special state	eme	ent fee for ca	ampaign account	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	ght		Office h	eld	
	Date		Payee name	9							
	03/29/2024		American I	Momentum Bank							
	Amount (\$)	┝	Payee addre	ess; City;	State	; Zip Co	le				
	\$5.00			-		, <u>Lip</u> 00					
	φ5.00	\$5.00 4030 State Highway 6 S., Suite 100									
			College St	ation, TX 77845							
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Accounting	g/Banking						nplete Schedule T.	
	-								, officeholder livin		
							Special state	eme	ent lee lor ca	ampaign account	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sou	ght		Office h	eld	
	Date		Payee name	e							
	04/30/2024		American I	Momentum Bank							
	Amount (\$)	F	Payee addre	ess; City;	State	; Zip Co	de				
	\$5.00		-	Highway 6 S., Sı	uite 100	-					
				3 9 7							
			College St	ation, TX 77845							
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Accounting							nplete Schedule T.	
	EXPENDITORE								, officeholder livin		
							Special state	eme	ent fee for ca	ampaign account	
	Complete ONLY if direct		Candidate/Of	ficeholder name	C	Office sou	ght		Office h	eld	
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 4/17 Rpt: 7/20	Kacal, Kyle J. (The Honorabl	le)		00067801					
4	Date	Payee name								
	05/31/2024	American Momentum Bank								
6	Amount (\$) \$5.00	 Payee address; City; State; Zip Code 4030 State Highway 6 S., Suite 100 College Station, TX 77845 								
_	DUDDOOF	_		1.) _ · ·						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Special statement fee for campaign account										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held					
	Date	Payee name								
	06/28/2024	American Momentum Bank								
_	Amount (\$)	Payee address; City;	State; Zip Co	le						
	\$5.00	4030 State Highway 6 S., Su College Station, TX 77845	lite 100							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Accounting/Banking	e top of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense nent fee for campaign account					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held					
	Date	^D ayee name								
	01/17/2024	American Momentum Bank								
	Amount (\$) \$5.00	Payee address; City; 4030 State Highway 6 S., Su	State; Zip Co ite 100	le						
		College Station, TX 77845								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Accounting/Banking	e top of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense nent fee for campaign account					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
-	Sch: 5/17 Rpt: 8/20	Kacal, Kyle J. (The Honorable)	00067801							
4	Date	5 Payee name	•							
	03/19/2024	B/CS Chamber of Commerce								
6	Amount (\$) \$325.00	7 Payee address; City; State; Zip Code 1733 Briarcrest Drive, Suite 200 Bryan, TX 77802								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/08/2024	Berry, Nancy								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 1869 Bryan, TX 77806								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/04/2024	Four Seasons Hotel Houston								
	Amount (\$) \$347.90	Payee address; City; State; Zip Code 1300 Lamar Street								
		Houston, TX 77010								
	PURPOSE OF EXPENDITURE	Check if Austin Deposit for F	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Room for ACEC TX Champion of e Award Dinner							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 6/17 Rpt: 9/20		Kacal, Kyle J. (The Honorable)					00067801				
4	Date	5	Payee name									
	02/02/2024		Gables West Avenue									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$2,627.04											
			Austin, TX 78701									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense				
								eholder in Austin (February 2024)				
								(* • • • • • • • • • • • • • • • • • • •				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held				
	Date		Payee name									
	03/04/2024		Gables West Avenue									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de							
	\$2,625.87 300 West Ave.											
			Austin, TX 78701									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)		X Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense eholder in Austin (March 2024)				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held				
	Date		Payee name									
	04/02/2024		Gables West Avenue									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de							
	\$2,634.54		300 West Ave.									
	DUDDOSE		Austin, TX 78701		(b)	Description						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)		X Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense eholder in Austin (April 2024)				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 7/17 Rpt: 10/20		Kacal, Kyle J. (The Honorable)				00067801		
4	Date 05/02/2024	5	Payee name Gables West Avenue						
6	Amount (\$) \$2,629.64	7	Payee address; City; State; 300 West Ave. Austin, TX 78701	Zip Co	le				
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	06/04/2024		Gables West Avenue						
	Amount (\$) \$2,653.65		Payee address; City; State; 300 West Ave. Austin, TX 78701	Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	X Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense eholder in Austin (June 2024)		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sought Office held			Office held		
	Date		Payee name						
	01/17/2024		Gables West Avenue						
	Amount (\$) \$2,626.49		Payee address; City; State; 300 West Ave.	Zip Co	le				
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	X Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense eholder in Austin (January 2024)		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/17 Rpt: 11/20		Kacal, Kyle J. (The	e Honorable)					00067801	
4	Date	5	Payee name							
	04/04/2024		Garcia, Clark							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
-	\$3,200.00		6419 Yaupon Dr.	,,	,					
		Austin, TX 78759								
8	PURPOSE OF		Category (See Catego		schedule)	(b) De	escription			
	EXPENDITURE		Salaries/Wages/Co	ontract Labor		Ļ	_		le of Texas. Com officeholder living	plete Schedule T.
							ontract labo			
						0	onnaoriasoi		roumpaign	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ght			Office he	eld
	Date		Payee name							
	05/28/2024		Garcia, Clark							
	Amount (\$)		Payee address;	City; Sta	ate; Zip Co	de				
	\$3,500.00 6419 Yaupon Dr.									
			Austin, TX 78759							
	PURPOSE OF		Category (See Categor		schedule)	(b) De	escription			
	EXPENDITURE		Contributions/Dona Candidate/Officeho		nmittoo	F	4		officeholder living	plete Schedule T.
			Candidate/Onicent	Juenr United Con	innitiee	C	ampaign coi			,
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ght			Office he	eld
	Date		Payee name					_		
	02/02/2024		Hill Country Spring	ls Water						
	Amount (\$)		Payee address;	City; Sta	ate; Zip Co	de				
	\$7.58		10019 S. IH35							
	DUDDOOF		Austin, TX 78747			<u>(1-) -</u>				
	PURPOSE OF		Category (See Categor		schedule)	(D) D(escription T Check if travel o	outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE		Office Overhead/R	entai Expense		F	4		officeholder living	
						W	ater cooler ı			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ght			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/17 Rpt: 12/20		Kacal, Kyle J. (The Honorable)				00067801			
4	Date	5	Payee name							
	03/04/2024		Hill Country Springs Water							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$7.58		10019 S. IH35							
			Austin, TX 78747							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description					
ľ	OF	(~)	Office Overhead/Rental Expense	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		onice overhead/tental Expense				, officeholder living expense			
					Water cooler	rer	ntal for capitol office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	04/08/2024		Hill Country Springs Water							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$7.58		10019 S. IH35	•						
			Austin, TX 78747							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							ntal for capitol office			
					Water cooler	ICI				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	uht		Office held			
	expenditure to benefit C/OI				jiit					
_	Data	_								
	Date		Payee name							
	05/02/2024		Hill Country Springs Water							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$7.58		10019 S. IH35							
			Austin, TX 78747							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Water cooler	rer	ntal for capitol office			
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C	Office sou	Jht		Office held			
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Topol/Rental Expense <thtp> <thtp> Topol/Renta</thtp></thtp>					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 10/17 Rpt: 13/20		Kacal, Kyle J. (The Honorable) 00067801									
4	Date	5	Payee name									
	06/04/2024		Hill Country Springs Water									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$7.58	.58 10019 S. IH35										
			Austin, TX 78747									
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description							
	OF	ľ	Office Overhead/Rental Expense	chedule)		outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austin	, ТХ	, officeholder living expense					
					Water cooler	rer	ntal for capitol office					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held					
	Date		Payee name									
	01/17/2024		Hill Country Springs Water									
-	Amount (\$)		Payee address; City; State	e; Zip Co	de							
	\$6.57		10019 S. IH35	· •								
	+ 0101											
			Austin, TX 78747									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description							
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
						Water cooler rental for capitol office						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held					
	expenditure to benefit C/OI			Office Sou	gin							
_	Date		Device nome									
	01/17/2024		Payee name ITech/Bonaconsulting, LLC									
			-									
	Amount (\$)			e; Zip Co	de							
	\$292.28		P. O. Box 11975									
			College Station, TX 77842-1975									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description							
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense												
							site domain name and annual hosting					
					fees	503	site domain name and annual hosting					
		Ľ	Condidate (Office helder	Office as	abt		Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			-	Office C Polling Printing Salarie:	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
-	Sch: 11/17 Rpt: 14/20	-	Kacal, Kyle J. (The Honorable)00067801								
4	Date 03/21/2024	5	Payee name Kloberdanz, Max								
6	Amount (\$)	7	Payee address; City; S	State; Zip (ode						
ľ	\$3,156.00		3809 S. Congress Ave. Apt. 457		oouc						
			Austin, TX 78704		_						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Contract labor for campaign services							, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ought	t		Office held			
	Date		Payee name								
	04/10/2024 Michael's										
	Amount (\$) \$88.73										
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78759 Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co		(b		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense : constituent			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						Office held			
	Date		Payee name								
	02/06/2024		Navasota Grimes County Chambe	er of Comm	erce						
	Amount (\$) \$275.00		Payee address; City; S P. O. Box 530	State; Zip (Code						
			Navasota, TX 77868								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Fees	his schedule)	(b)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense 'ship Dues			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 12/17 Rpt: 15/20	Kacal, Kyle J. (The Honorable)	00067801							
4	Date 01/31/2024	Payee name Seidel Schroeder								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$875.00	75.00 1575 Crescent Pointe Pkwy								
		College Station, TX 77845								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign accounting services										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/29/2024	Seidel Schroeder								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$325.00	1575 Crescent Pointe Pkwy College Station, TX 77845								
	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense paign accounting services							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/31/2024	Seidel Schroeder								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1575 Crescent Pointe Pkwy								
		College Station, TX 77845								
	PURPOSE OF EXPENDITURE		iption ack if travel outside of Texas. Complete Schedule T. ack if Austin, TX, officeholder living expense Daign accounting services							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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)								
-	Sch: 13/17 Rpt: 16/20	Kacal, Kyle J. (The Honorable)00067801									
4	Date 04/30/2024	5 Payee name Seidel Schroeder									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
-	\$200.00	00 1575 Crescent Pointe Pkwy									
		College Station, TX 77845									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign accounting services											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/30/2024	Seidel Schroeder									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$255.00 1575 Crescent Pointe Pkwy										
	51155005	College Station, TX 77845									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense COUNTING SERVICES								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H									
F	Date	Payee name									
	02/01/2024	WP Engine									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$36.24	504 Lavaca Street									
		Suite 1000									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense bsite hosting								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	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 Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/17 Rpt: 17/20		Kacal, Kyle J. (The Honorable) 00067801									
4	Date	5	Payee name									
	03/01/2024		WP Engine									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$36.24		504 Lavaca	a Street								
			Suite 1000									
			Austin, TX	78701								
8	PURPOSE	(a)					(b) Description					
Ŭ	OF	(")	Advertising	ee Categories listed at th Exnense	ie top of this sch	edule)		outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		/ averaoning	Expense			Check if Austin	, TX,	, officeholder living	expense		
							Campaign we	ebs	ite hosting	nosting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld		
	Date		Payee name									
	04/08/2024		WP Engine									
Amount (\$) Payee address; City; State; Zip Code												
	\$36.24		504 Lavaca	a Street								
			Suite 1000									
			Austin, TX	78701								
	PURPOSE	(0)					(b) Description					
	OF	(a)	Advertising	ee Categories listed at th	ne top of this sch	edule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		Auventising	Expense			Check if Austin	•				
							Campaign we	ebs	ite hosting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld		
		_										
	Date		Payee name									
	05/01/2024		WP Engine									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$36.24		504 Lavaca	a Street								
			Suite 1000									
	Austin, TX 78701											
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b) Description					
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.							•					
Check if Austin, 1X, officenoider living expense								expense				
							Campaign we	ebs	site hosting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld		
	experience to benefit C/OI											

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave y - Gift/Awards/Memorials Expense Printing Expense Trave					Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FII FR NAME	:					3	Filer ID	(Ethics Commission Filer	s)
-	Sch: 15/17 Rpt: 18/20			J. (The Honora	able)				Ũ	00067801	(-,
4	Date		Payee name	- (,							
	06/03/2024		WP Engine									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$36.24		504 Lavaca	Street								
			Suite 1000									
			Austin, TX 7	78701								
8	PURPOSE						(h)	Decerintien				
ð	OF			ee Categories listed at	the top of this sch	nedule)	(u) 1	Description	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense			Ì			officeholder living	•	
							L	 Campaign we				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Dffice sou	ght			Office h	eld	
	Date		Payee name									
	01/17/2024 WP Engine											
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$36.24		504 Lavaca	Street								
			Suite 1000									
			Austin, TX 7	78701								
		<u> </u>					<u> </u>					
	PURPOSE OF			ee Categories listed at	the top of this sch	nedule)	(a) 1	Description	outei	do of Toyac Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense			Ī			officeholder living	•	
						Campaign website hosting						
								1 5		0		
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office soug	aht			Office h	eld	
	expenditure to benefit C/OI						9					
	Date	<u> </u>										
	01/31/2024		Payee name Willett, Terr	2								
	Amount (\$)	I	Payee addre	-	State	; Zip Co	de					
	\$300.00		3609 Oak C	Creek Drive								
			Austin, TX 7	78727								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ages/Contract L			[Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITORE						[officeholder living		
		1					0	Contract labo	or fo	or campaign	services	
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OH											

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 16/17 Rpt: 19/20	Kacal, Kyle J. (The Honorable) 00067801									
4	Date	Payee name									
	02/29/2024	Willett, Terra									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$300.00	3609 Oak Creek Drive									
		Austin, TX 78727									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	with of Truck Consolute Coloridate T								
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
			for campaign services								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
03/31/2024 Willett, Terra											
	Amount (\$)	Payee address; City; State; Zip Code									
	\$300.00										
		Austin, TX 78727									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.								
	EXPENDITURE		TX, officeholder living expense								
			for campaign services								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/30/2024	Willett, Terra									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$300.00	3609 Oak Creek Drive									
		Austin, TX 78727									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.								
	EXPENDITURE		TX, officeholder living expense								
			for campaign services								
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OI										

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 To	otal pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
S	ch: 17/17 Rpt: 20/20	Kacal, Kyle	J. (The Honorable))				00067801	
4 Da	ate	5 Payee name					1		
05	5/31/2024	Willett, Terr	a						
6 Ar	mount (\$) \$300.00	7 Payee addre 3609 Oak C Austin, TX	creek Drive	State;	Zip Co	de			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Contract labor for campaign services							gexpense		
9 Co ex	omplete <u>ONLY</u> if direct penditure to benefit C/OI		ceholder name	0	ffice sou	ght		Office he	eld
Di	ate	Payee name							
06	6/30/2024	Willett, Terr	a						
Ar	mount (\$) \$300.00	Payee addre 3609 Oak C Austin, TX	Creek Drive	State;	Zip Co				
E	PURPOSE OF EXPENDITURE		ee Categories listed at the to ages/Contract Labo		edule)	[η, TX,	officeholder living	
	omplete <u>ONLY</u> if direct penditure to benefit C/OI		ceholder name	0	ffice sou	ght		Office he	eld