CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00087774	ssion Filers)	2 Total pages file 3	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER	Mr.	Steve A.				
NAME					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/13/2024	
		Kinard Jr.				
4 CANDIDATE /	ADDRESS / PO BOX; APT		īv.	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER		/ 30HE #, CH	1,	ZIF CODE	Bate Halla delifered er	Dato i ocunanca
MAILING	2506 Valley Forge				Receipt #	Amount
ADDRESS						, another
Change of Address	Richardson, TX 75080				Date Processed	
					Date i locesseu	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Steve A.		1VII		
NAME	1711.	Sleve A.				
	NICKNAME	LAST		SUFFIX		
		Kinard Jr.				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	2506 Valley Forge					
ADDRESS						
(Residence or Business)	Disbordoon TV 75000					
	Richardson, TX 75080					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(469) 441-5067					
PHONE	(409) 441-3007					
8 REPORT						
TYPE	January 15	30th day before		Runoff	15th day after can	naign treasurer
		Sour day below			appointment (offic	
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	т	HROUGH	06/30/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 70	
	1			I		
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Versio	n V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Kinard Jr., Steve A. (I	Лr.)	14 Filer ID (00087774	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without t officeholders are required to report this information	he candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	ŝS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC					
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLY)	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 7,019.68			
EXPENDITURE TOTALS		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 10,768.63			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	\$ 17,194.51			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		Mr. S	teve A. Kinard Jr.				
			Candidate or Officehol	der			
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	rtify which, witness my hand and seal of office.					
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH	CC	FORI OVER SHE	M C/OH ET PG 3 3 of 35
18 FILER NAME Kinard Jr., Steve A. (Mr.)	19 Filer ID 00087774	(Ethics Commis	sion Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTA	AL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,019.68
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	5	\$	10,768.63
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$	
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 CONTRIBUTIO	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	The Instrue	ction Guide explains how to complete this	n.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/35		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Kinard Jr., S	teve A. (Mr.)				00087774	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	03/11/2024	Aldridge, Carol					\$2,000.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75287					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Retired			Retired	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	06/18/2024	Brauer, Steve)			\$2,495.70	
	00/10/2024						ΨΖ,435.70
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)	5)				
	Sales			Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	03/22/2024	Childers, Adrian					\$100.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78213	_				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Self Employe	20		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/01/2024	Costa, Vickie					\$50.58
		Contributor address; City; State; Zip Code					
⊢	Dringing ago	Frisco, TX 75035	-	Employer (Coo Instructions			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
╘							
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	03/21/2024	Diez, Jaime					\$50.58
		Contributor address; City; State; Zip Code					
		Brownsville, TX 78521					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)			
	Engineer		,				
⊢	5		1	Self Employed			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/35	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Steve A. (Mr.)			00087774	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/06/2024	Hix, Robert				\$107.00
	I	6 Contributor address; City; State; Zip Code		1		
Ļ		Plano, TX 75023	1	Ĺ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/12/2024	Kemp, David				\$50.58
		Contributor address; City; State; Zip Code				
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Plano, TX 75024	Employer (See Instructions	Ĺ		
		upation / Job title (See Instructions)	S)			
	Retired		Retired	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2024	Kinard, Myrna				\$107.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75209		Ĺ		
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/28/2024	Kinard, Myrna				\$107.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75209				
	Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	5)		
╞				T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ</u> 107 በበ
	04/28/2024	Kinard, Myrna				\$107.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75209				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
	Retired		Retired	5)		
⊢			- Nourou			
1						

Γ	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
		· · ·			Sch: 3/6 Rpt: 6/35	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S				00087774	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/28/2024	Kinard, Myrna			\$107.00	
		6 Contributor address; City; State; Zip Code				
L	<u> </u>	Dallas, TX 75209				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/22/2024	King, Virginia				\$15.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75209	Employer (See Instructions			
		pation / Job title (See Instructions))			
	Student					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2024	Lindquist, Connie				\$53.00
		Contributor address; City; State; Zip Code				
⊢	Dringinglagou	Dallas, TX 75248	Frankriger (Case Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Relieu		Relieu			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/11/2024	Mariola, Rojer Johnson				\$25.00
		Contributor address; City; State; Zip Code				
		Simi Valley, CA 93065				
L	Dringingloggy	· · ·	Employer (Cap Instructions	<u> </u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/08/2024	McLoughlin, David			\$107.00	
		Contributor address; City; State; Zip Code				
		Makinnay TX 75072				
⊢	Dringing and	McKinney, TX 75072	Employer (Coolectruct)			
	Principal occu IT Consultan	pation / Job title (See Instructions)	Employer (See Instructions			
\vdash	TI CONSULAN		Columbia Advisory Grou	ιh		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/35		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S				00087774	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	02/26/2024	Meyers, Karen				\$53.00
	l	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Plano, TX 75075				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	03/06/2024	Miano, Regina				\$53.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Dallas, TX 75252				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive		Self Employed	_		
	Date		#:)	Γ	Amount of Contribution (\$)	
	05/18/2024	Neal, Judi				\$35.00
	I	Contributor address; City; State; Zip Code]		
	I					
	I	Diana TV 75025				
\vdash	Dringingl oppu	Plano, TX 75025	Employer (See Instruction)			
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	ቀናስ ሰብ
	03/06/2024	Patterson, Sheila				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Plano, TX 75025				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Sales	panon,	Pattent Inc	-,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#		Π	Amount of Contribution (\$)	
	03/07/2024	Pleasant, Patrick	f/			\$102.42
	00/01/202	Contributor address; City; State; Zip Code			¥101	
	I					
	I					
	I	Plano, TX 75023				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
\vdash						

	The Instruc	ction Guide explains how to com	m.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/35		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., Si	teve A. (Mr.)				00087774	,
4	Date	5 Full name of contributor out-of-	-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/24/2024	Ramsey, David					\$251.00
	ļ	6 Contributor address; City; State; Zip Co					
	ļ						
	ļ						
		Plano, TX 75024					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Director		<u> </u>	Hext Financial Group			
	Date	Full name of contributor 🔲 out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	04/11/2024	Rojer Johnson, Mariola					\$25.00
	ļ	Contributor address; City; State; Zip Co					
	ļ						
	ļ						
		Simi Valley, CA 93065					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
F	Date	Full name of contributor 🗌 out-of-)		Amount of Contribution (\$)		
	06/20/2024 Safi, Masoud						\$47.70
	P	Contributor address; City; State; Zip Co	ode				
	ļ						
	ļ						
		Plano, TX 75025					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Self Employe	2d		Self Employed			
	Date	Full name of contributor 🔲 out-of-	-state PAC (ID#:)		Amount of Contribution (\$)	
	03/21/2024	Speight, James					\$530.00
	ļ	Contributor address; City; State; Zip Co	ode				
	ļ						
		Shavano Park, TX 78231					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date	Full name of contributor 🗌 out-of-	-state PAC (ID#:)		Amount of Contribution (\$)	
	06/20/2024	Strader, Richard					\$287.70
	Contributor address; City; State; Zip Code						
		Dallas, TX 75209					
		pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Real Estate			Skybox Datacenters			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this form	۱.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/35
2	FILER NAME Kinard Jr., S	teve A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087774	
4	Date 03/21/2024	 5 Full name of contributor out-of-state PAC (ID#: Wilson, David 6 Contributor address; City; State; Zip Code Galveston, TX 77554 	7 Amount of Contribution (\$) \$102.42	
8	Principal occu Retired	pation / Job title (See Instructions) 9	Employer (See Instructions Retired	s)

			EXPENDITU	RE CATEGOR	RIES 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 Transportation E Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						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 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)	_
	Sch: 1/26 Rpt: 10/35		nard Jr., Steve A. (Mr.)					00087774	
4	Date 04/10/2024		yee name BnB						
6	Amount (\$) \$2,611.36	88	yee address; City; 8 Brannan St n Francisco, CA 94103	State;	; Zip Coo	e			
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Lodging (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Republican State Convention								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	С	Office soug	ht		Office held	
	Date	Pa	yee name						
	06/03/2024	Aiı	BnB						
	Amount (\$) \$770.60		yee address; City; 8 Brannan St	State;	; Zip Coo	e			
	PURPOSE OF EXPENDITURE	(a) Ca	n Francisco, CA 94103 tegory (See Categories listed at avel Out of District	the top of this sch	edule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense C National Convention	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held	
	Date	Ра	yee name						_
	06/26/2024		Baba Mediterranean						
	Amount (\$) \$29.16		yee address; City; 03 N Central Expy,	State;	; Zip Coo	e			
		Ri	chardson, TX 75080						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at od/Beverage Expense	the top of this sch	edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	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		mmittee	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		=				2	Filer ID	(Ethics Commission Filers)
1		 ²						ľ	00087774	
	Sch: 2/26 Rpt: 11/35		Kinaru Jr.,	Steve A. (Mr.)					00087774	
4	Date	5	Payee name							
	02/26/2024		Anedot, Inc	:						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
	\$2.52		1340 Poydi			· •				
	+==		Suite 1770							
			New Orlear	ıs, LA 70112						
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
								ι, TΧ	, officeholder living	j expense
							Fundraising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
		_								
	Date		Payee name							
	02/28/2024		Anedot, Inc	:						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$4.77		1340 Poydi	as Street						
			Suite 1770							
				ns, LA 70112						
				13, LA 10112						
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	
							Fundraising	, 17		j expense
							ranaraising			
									0111	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	C	Office sou	gnt		Office he	910
	Date		Payee name							
	03/06/2024		Anedot, Inc	:						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$9.69		1340 Poydi							
			Suite 1770							
			New Orlear	ıs, LA 70112		-				
	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b) Description	_		
	OF EXPENDITURE		Fees						ide of Texas. Com	
								ı, TX	, officeholder living	j expense
							Fundraising			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITUR Event Expense Fees Food/Beverage Expens Gift/wards/Memorials Legal Services The Instruction Ge	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Sebadula E1:	2		c				2		(Ethics Commission Filers)	
1	Total pages Schedule F1:	 2						3	Filer ID	(Ethics Commission Fliers)	
	Sch: 3/26 Rpt: 12/35		Kinard Jr.,	Steve A. (Mr.)					00087774		
4	Date	5	Payee name)							
	03/07/2024		Anedot, Inc								
_	Arrage wat (ft)										
6	Amount (\$)	ľ	Payee address; City; State; Zip Code								
	\$4.58		1340 Poyd	ras Street							
			Suite 1770								
			New Orlea	ns, LA 70112							
_											
8	PURPOSE OF	(a)	Category (S	See Categories listed at t	ne top of this sch	nedule)	(b) Description				
	EXPENDITURE		Fees						ide of Texas. Com		
								, TX	, officeholder living	j expense	
							Fundraising				
9	Complete ONLY if direct	. (Candidate/Of	ficeholder name	(Office soug	iht		Office he	bld	
Ŭ	expenditure to benefit C/OI		Sandidate, On			511100 0000	,				
		_									
	Date		Payee name	,							
	03/11/2024		Anedot, Inc	2							
⊢	Amount (\$)	-	Payee addre	ess; City;	State	; Zip Coo	10				
	.,		•	-	State,	, zip cot					
	\$1.35		1340 Poyd	ras Street							
			Suite 1770								
			New Orlea	ns, LA 70112							
	PURPOSE					I	(b) December 1				
	OF	(a)		See Categories listed at t	ne top of this sch	nedule)	(b) Description	outoi	ide of Texas. Com	nlata Sabadula T	
	EXPENDITURE		Fees						, officeholder living		
							Fundraising	, 17,		Jexpense	
							Fundialsing				
	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office soug	iht		Office he	eld	
	expenditure to benefit C/Oł	H									
	Date	Γ	Payee name	3							
	03/12/2024										
	03/12/2024		Anedot, Inc	,							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Coo	le				
	\$2.42		1340 Poyd	ras Street							
			Suite 1770								
			New Oriea	ns, LA 70112		_					
	PURPOSE	(a)	Category (S	See Categories listed at t	ne top of this sch	nedule)	(b) Description				
	OF		Fees				Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX	, officeholder living	g expense	
							Fundraising				
-	Complete ONLY if direct	Ļ		ficeholder name	· · · · · · · · · · · · · · · · · · ·	Office soug	iht		Office he	h	
	expenditure to benefit C/Oł			ischolder hallie	(Suice soul	j			514	

			EXP	ENDITURE CATEGOR		BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exp Fees Food/Beve Gift/Award nmittee Legal Serv	ense erage Expense s/Memorials Expense	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	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
_	Sch: 4/26 Rpt: 13/35			inard Jr., Steve A. (Mr.)							
4	Date	5	Payee name								
	03/21/2024		Anedot, Inc								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$29.40		1340 Poydras Stree	et							
			Suite 1770								
			New Orleans, LA 70112								
8	PURPOSE	(a)				(b) Description					
ľ	OF	(")	Fees	es listed at the top of this sche	edule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		1005					officeholder living			
						Fundraising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	r name C)ffice sou	jht		Office he	eld		
	Date		Payee name								
	03/22/2024		Anedot, Inc								
_	Amount (\$)	┢	Payee address; 0	City; State;	Zip Co	le					
	\$4.48		1340 Poydras Stree								
	φ-ι-το		Suite 1770								
				0110							
			New Orleans, LA 7	0112							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categori Fees	es listed at the top of this sche	edule)			de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder	rname C	Office sou	jht		Office he	eld.		
	Date		Payee name								
	03/28/2024		Anedot, Inc								
-	Amount (\$)		Payee address; 0	City; State;	Zip Co	le					
	\$4.77		1340 Poydras Stree		p 00						
	φ-1.11		Suite 1770								
			New Orleans, LA 7	0112							
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Fees					de of Texas. Comp officeholder living			
	Complete ONLY if direct	L(Candidate/Officeholder	r name C)ffice sou	jht		Office he	ld		
	expenditure to benefit C/OF					-					
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loan Re Office O Polling I ense Printing Salaries	epayment/Reimbursement vverhead/Rental Expense Expense Expense /Wages/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:		:			3 Filer ID (Ethics Commission Filers	=)			
-	Sch: 5/26 Rpt: 14/35					00087774	,,			
	-		Steve A. (Mr.)			00087774				
4	Date	5 Payee name								
	04/11/2024	Anedot, Inc								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	Code					
	\$1.35	1340 Poydr								
		Suite 1770								
		New Orlear	is, LA 70112							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b) Description					
	OF EXPENDITURE	Fees			Check if travel	outside of Texas. Complete Schedule T.				
	LAFENDITORE					n, TX, officeholder living expense				
					Fundraising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office so	bught	Office held				
	Date	Payee name								
	04/22/2024	Anedot, Inc								
				Stata: Zip () odo					
	Amount (\$)	Payee addre	-	State; Zip C	Jode					
	\$0.94	1340 Poydr	as Street							
		Suite 1770								
		New Orlear	is, LA 70112							
	PURPOSE	(a) Category	ee Categories listed at the to	n of this cohodulo)	(b) Description					
	OF	Fees	ee Calegones listed at the to	p of this schedule)		outside of Texas. Complete Schedule T.				
	EXPENDITURE	1005			Check if Austir	n, TX, officeholder living expense				
					Fundraising					
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	 buaht	Office held				
	expenditure to benefit C/Oł			0	-agint					
	Date	Payee name								
	04/28/2024	Anedot, Inc								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	Code					
	\$4.77	1340 Poydr	as Street							
		Suite 1770								
		New Offear	is, LA 70112		-i					
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b) Description					
	EXPENDITURE	Fees				outside of Texas. Complete Schedule T.				
						n, TX, officeholder living expense				
					Fundraising					
	Complete ONLY if direct		ceholder name	Office so	bught	Office held				
	expenditure to benefit C/OI	I								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gi nmittee Le	EXPENDITURE ent Expense es od/Beverage Expense ft/Awards/Memorials Ex gal Services the Instruction Guid	kpense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)
1		 		(Mr)					00087774	
	Sch: 6/26 Rpt: 15/35		Kinard Jr., Ste	eve A. (MI.)					00087774	
4	Date	5	Payee name							
	05/01/2024		Anedot, Inc							
6	Amount (\$)	7	Payee address	City;	State:	Zip Co	de			
	\$2.42		1340 Poydras							
	+==		Suite 1770	01.000						
			New Orleans,	LA 70112						
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
								in, TX	, officeholder living	j expense
							Fundraising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght		Office he	eld
	experiatione to benefit C/Or									
	Date		Payee name							
	05/08/2024		Anedot, Inc							
	Amount (\$)		Payee address	City;	State	Zip Co	de			
	\$4.77		1340 Poydras		,	,p				
	φ-1.11		-	olicet						
			Suite 1770							
			New Orleans,	LA 70112						
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
								in, TX	, officeholder living	j expense
							Fundraising			
	Complete ONLY if direct		Candidate/Office	holder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	05/18/2024		Anedot, Inc							
	Amount (\$)		Payee address	City;	State	; Zip Co	de			
	\$1.77		1340 Poydras		State,	, Zip C0	uc			
	Φ1.77		-	Slieel						
			Suite 1770							
			New Orleans,	LA 70112						
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF		Fees			,	Check if trave	l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Aust	in, TX	, officeholder living) expense
							Fundraising			
	Complete ONLY if direct		Candidate/Office	holder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								
-										

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITUE Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	ise s Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2		E				13	Filer ID	(Ethics Commission Filers)
1								ľ		
	Sch: 7/26 Rpt: 16/35		Kinard Jr.,	Steve A. (Mr.)					00087774	
4	Date	5	Payee name	•						
	05/28/2024		Anedot, Inc	;						
6	Amount (\$)	7	Payee addre	ess; City;	State	Zip Co	de			
ľ	\$4.77				State,	, zip co	uc			
	Φ4.11	1	1340 Poyd	las Sileei						
			Suite 1770							
			New Orlea	ns, LA 70112						
8	PURPOSE	(a)	Category (S			- dula)	(b) Description			
ľ	OF	(,	Fees	See Categories listed at t	the top of this sch	edule)		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		1663						, officeholder living	•
							Fundraising			
							5			
_	Operation ONITY if all an at			*					Office la	-1-1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	ïceholder name	C	Office sou	gnt		Office he	eid
	Date		Payee name							
	06/18/2024		Anedot, Inc							
		<u> </u>			<u> </u>					
	Amount (\$)	1	Payee addre	-	State	; Zip Co	de			
	\$104.30		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
_	BUBBAAE	<u> </u>					<u> </u>			
	PURPOSE OF	(a)		See Categories listed at t	the top of this sch	edule)	(b) Description		ide of Tourse Oom	whether Open advide T
	EXPENDITURE		Fees						ide of Texas. Com , officeholder living	
							Fundraising	II, IA	, onicendider nying	Jexpense
							Fundraising			
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	п								
	Date	1	Payee name							
	06/20/2024		Anedot, Inc							
	Amount (\$)	1	Payee addre		State;	; Zip Co	de			
	\$14.60		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
						1				
	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	
								n, IX	, officeholder living	j expense
							Fundraising			
	Complete ONLY if direct		Candidate/Off	ïceholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Gift/Awards/Men Legal Services	Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Solicitation/Fun Transportation I Travel in Distric Travel Out of Di OTHER (enter a	Equipment & Re t strict	elated Expense
1	Total pages Schedule F1:	2							Filer ID	(Ethics Co	mmission Filers)	
-	Sch: 8/26 Rpt: 17/35	-		- Steve A. (M	r.)					00087774	(· · · · · · ·	,
4	Date	5	Payee name	1					I			
-	06/24/2024		Anedot, Inc									
6	Amount (\$)	7	Payee addre	ess; City;	State	Zip Co	ode					
	\$10.77		1340 Poyd			•						
			Suite 1770									
					`							
			New Oneal	ns, LA 7011	2							
8	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees							ide of Texas. Con	•	е Т.
								Fundraising	I, IX,	, officeholder livin	g expense	
								Fundialsing				
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder nan	1e C	Office sou	ight			Office h	eld	
	Date		Payee name									
	06/30/2024		Anedot, Inc	;								
_	Amount (\$)		Payee addre	ess; City;	State	Zip Co	ode					
	\$2.52		1340 Poyd									
	\$2.0L		Suite 1770									
			New Orleans, LA 70112									
			New Orlea	ns, LA 7011	2							
	PURPOSE OF	(a)	Category (S	ee Categories list	ed at the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees							ide of Texas. Con	•	e T.
								Fundraising	I, IX,	, officeholder livin	g expense	
								Fundraising				
	Complete ONIL V if direct	L	Condidate/Off	iceholder nan			abt			Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	icentituer nam	ie (Office sou	igni			Office h	eiu	
	Date		Payee name									
	03/20/2024		Austin Cen	ter Parking								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode					
	\$22.75		701 Brazos	s St								
			Austin, TX	78701								
	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of this sch	edule)	(b)	Description				
	OF		Event Expe			,		Check if travel	outsi	ide of Texas. Con	nplete Schedule	e T.
	EXPENDITURE		•							, officeholder livin	g expense	
								Parking for co	onf	erence		
	Complete ONLY if direct		Candidate/Off	iceholder nan	ne C	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	H										

	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 Expens Gift/Awards/Memorials	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/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					3	Filer ID	(Ethics Commission Filers)			
	Sch: 9/26 Rpt: 18/35		Kinard Jr., Steve A. (Mr.)									
4	Date	5	Payee name									
	05/29/2024		Austin Center Parking									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$51.96		701 Brazos St									
			Austin, TX 78701									
_	DUDDOOF	(-)				(1-)						
8	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description	oto	ide of Toylog, Com	alata Cabadula T			
	EXPENDITURE		Event Expense					ide of Texas. Com , officeholder living				
						parking	, 17	, onicentitider hving	expense			
						parting						
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	t		Office he	ald			
9	expenditure to benefit C/OI			Ĺ	Jince Sou	JIIL		Office fie	au			
	Date		Payee name									
	03/19/2024		Buc-ees Temple									
_	Amount (\$)		Payee address; City;	State	Zip Co	le						
	\$22.98		3801 N 3rd St 76501	Otato,	, <u>Lip</u> 00							
	φ22.90		3001 N 310 31 70301									
			Temple, TX 76501									
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District					ide of Texas. Com				
								, officeholder living				
						Gas for trave	I to	Conterence				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght		Office he	ld			
	Date		Payee name				_					
	05/31/2024		Buc-ees Temple									
	Amount (\$)		Payee address; City;	State;	; Zip Co	de						
	\$33.09		3801 N 3rd St 76501									
			Temple, TX 76501									
	DUDDOCE	(0)	-									
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description	oute	ide of Texas. Com	alete Schedule T			
	EXPENDITURE		Event Expense					, officeholder living				
						gas for conve						
						<u></u>						
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office sou	tht		Office he	ald			
	expenditure to benefit C/Oł			C C		jiit			iu I			
_												

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Total pages Sebedula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1±	Total pages Schedule F1:	
	Sch: 10/26 Rpt: 19/35	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	03/18/2024	Canyon Creek Postal
⊢		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.19	508 W Lookout Dr
		Suite 14
		Richardson, TX 75080
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		print maps and flyers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2024	Circle K San Antonio
⊢	Amount (\$)	Payee address; City; State; Zip Code
	. ,	
	\$30.82	333 San Pedro Ave 78212
		San Antonio, TX 78212
⊢		
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Gas for travel to convention
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	
	- p	
	Date	Payee name
	04/01/2024	Collin County Republican Party
⊢		
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2963 W 15th St
		Ste 2981
		Plano, TX 75075
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Precinct convention
ĺ		
⊢		
ĺ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/OI	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1: Sch: 11/26 Rpt: 20/35	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kinard Jr., Steve A. (Mr.) 00087774								
4	Date	5 Payee name								
	04/15/2024	Collin County Republican Party								
6	Amount (\$) \$135.31	7 Payee address; City; State; Zip Code 2963 W 15th St								
		Ste 2981 Plano, TX 75075								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsorship 								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
⊨	Date	Payee name								
	03/01/2024	Constant Contact								
	Amount (\$) \$12.80	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, CT 02451								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Emails 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	04/01/2024	Constant Contact								
	Amount (\$) \$12.80	Payee address; City; State; Zip Code 1601 Trapelo Road								
		Waltham, CT 02451								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense emails 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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/Politica Credit Card Payment	Fees Office Overhead/Rental Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense			xpense xpense Vages/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/26 Rpt: 21/35		Kinard Jr., Steve A	. (Mr.)				00087774		
4	Date	5	Payee name							
	05/01/2024		Constant Contact							
6	Amount (\$)	7								
ľ	\$12.80	'	Payee address; 0 1601 Trapelo Road		Zip Co					
	\$12.00			a 						
			Waltham CT 0245	1						
_			Waltham, CT 0245			<i>a</i> >				
8	PURPOSE OF	(a)		ies listed at the top of this sch	edule)	(b) Description	outoi	de of Texas. Compl	lata Cabadula T	
	EXPENDITURE		Advertising Expense	se				officeholder living e		
						emails	,,	y-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name C	Office sou	l Ight		Office hel	d	
	Date		Payee name							
	05/31/2024		Constant Contact							
	Amount (\$)		Payee address;	City; State;	Zip Co	ode				
	\$12.81		1601 Trapelo Road	ł						
			Waltham, CT 0245	1						
	PURPOSE	(a)				(b) Description				
	OF	(~)	Advertising Expens	ies listed at the top of this sch	edule)		outsi	de of Texas. Compl	lete Schedule T.	
	EXPENDITURE		Auventising Expense			Check if Austin,	, TX,	officeholder living e	expense	
						emails				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name C	Office sou	ight		Office hel	d	
_	Data									
	Date 03/22/2024		Payee name Doubletree Suites	Auctin						
	Amount (\$)				Zip Co	ode				
	\$55.21		303 W. 15th Street							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categor	ies listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Event Expense					de of Texas. Compl		
	-							officeholder living e	expense	
						Parking for co	JIIIE	EIEIILE		
_	Operation Operation	L			Nff: -			<u> </u>	-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name C	Office sou	ignt		Office hel	a	
	p									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1		
	Sch: 13/26 Rpt: 22/35	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	03/05/2024	Dunkin Donuts Plano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.57	2001 Coit Rd
	÷	Suite 321
		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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Coffee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2024	Eiland Coffee Canyon Creek
⊢		
	Amount (\$)	
	\$8.58	2701 Custer Pkwy
		Ste 917
		Richardson, TX 75080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
-	Date	
		Payee name
	02/27/2024	Farrell Gjesdal Strategy Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,221.30	4040 Highway 6
		Suite 200
		College Station, TX 77845
	DUDDOCE	-
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expense (b) 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
		Mailers
		Waters
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-		
1	Total pages Schedule F1:	
	Sch: 14/26 Rpt: 23/35	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	03/01/2024	First Watch Richardson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.04	930 E Campbell
		Ste 101
		Richardson, TX 75081
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	······································
	Date	Payee name
	06/06/2024	Fortuna Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2200 Victory Avenue
	\$1,000.00	
		Unit 807
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	
		Fundraising
_	Complete ONIL V if direct	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2024	Hotels.com
	Amount (\$)	Payee address; City; State; Zip Code
	.,	
	\$242.19	5400 LBJ Freeway
		Suite 500
		Dallas, TX 75240
-	PURPOSE	
	OF	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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	ommittee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense		
1	Total pages Schedule F1:	FILER NA	\ME				3	Filer ID ((Ethics Commission Filers)		
	Sch: 15/26 Rpt: 24/35		r., Steve A. (Mr.)					00087774			
4	Date 02/27/2024	Payee na Lezzet C									
6	Amount (\$) \$41.57	\$41.57 6869 Frankford Rd Dallas, TX 75252									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if favel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign food											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	0	office soug	ht		Office held	1		
	Date	Payee na	me								
	04/29/2024	Love & V	Var in Texas								
	Amount (\$) \$21.40	Payee ad 601 E Pl Plano, T	ano Pkwy,	State;	Zip Coo	e					
	PURPOSE OF EXPENDITURE		(See Categories listed at the t verage Expense	top of this sche	edule)		ι, TX,	ide of Texas. Comple , officeholder living e:			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	0	office soug	ht		Office held	ł		
	Date	Payee na	me								
	03/25/2024	Love's H	illsboro								
	Amount (\$) \$26.96	Payee ad 1501 Co	dress; City; rsicana Hwy	State;	Zip Coc	e					
		Hillsbord	o, TX 76645								
	PURPOSE OF EXPENDITURE	 Category Event E> 	(See Categories listed at the t KPENSE	top of this sche	edule)		ı, TX,	ide of Texas. Comple , officeholder living e: nce travel			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	0	office soug	ht		Office held	d		

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 Transport Food/Beverage Expense Polling Expense Travel in I y - Gift/Awards/Memorials Expense Printing Expense Travel Ou						Travel in District Travel Out of Distric	pment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (I	Ethics Commission Filers)		
	Sch: 16/26 Rpt: 25/35		Kinard Jr., Steve A.	(Mr.)				00087774			
4	Date	5	Payee name								
	06/10/2024		Love's Hillsboro								
6	Amount (\$)	7	Payee address; C	ty; State;	Zip Co	de					
	\$36.51		1501 Corsicana Hw	ý							
		Hillsboro, TX 76645									
8	PURPOSE OF		Category (See Categorie		edule)	(b) Description					
	EXPENDITURE		Travel Out of Distric	t				de of Texas. Complet			
								officeholder living ex	pense		
			Gas for conference in Austin								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder	name C	Office sou	Jht		Office held			
	Date		Payee name								
	03/01/2024		Mayura Indian Food								
	Amount (\$)		Payee address; C	ty; State;	Zip Co	de					
	\$21.70	I	2411 Coit Rd		•						
	\$21110		Ste 160								
			Plano, TX 75075								
	PURPOSE OF		Category (See Categorie		edule)	(b) Description					
	EXPENDITURE		Food/Beverage Exp	ense				de of Texas. Complet officeholder living ex			
						Campaign fo		Unicendider living ex	pense		
						Campaignio	ou				
	Complete ONLY if direct		andidate/Officeholder	name C	Office sou	nht		Office held			
	expenditure to benefit C/OI							0			
	Date		Payee name								
	02/29/2024		Murphy Express Pla	no							
	Amount (\$)		Payee address; C	ty; State;	Zip Co	de					
	\$47.65		430 Coit Rd								
			Plano, TX 75075								
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Travel In District					de of Texas. Complet			
							ι, TΧ,	officeholder living ex	pense		
						gas					
	Complete ONLY if direct		andidate/Officeholder	name C	Office sou	jht		Office held			
	expenditure to benefit C/OI	- 1									

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 Expens nmittee Legal Services The Instruction Guide et	Offic Polli se Print Sala	ce Overling Expe ting Expe ting Exp aries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 17/26 Rpt: 26/35		Kinard Jr., Steve A. (Mr.)					00087774	. , , , , , , , , , , , , , , , , , , ,		
4	Date	5	Payee name								
	03/22/2024		Picnik Burnet Road								
6	Amount (\$)	7	Payee address; City;	State; Zip	o Cod	e					
	\$53.62		4801 Burnet Rd								
		Austin, TX 78756									
8	PURPOSE	(a)				b) Description					
ľ	OF	(a)	Category (See Categories listed at the top of Food/Beverage Expense	of this schedule)			outs	ide of Texas. Comp	lete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX	, officeholder living	expense		
						Campaign M	eet	ing			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	soug	ht		Office he	ld		
	Date		Payee name								
	05/28/2024		RK Culinary Group								
	Amount (\$)		Payee address; City;	State; Zip	Cod	e					
	\$22.50		900 E Market St 78205								
			San Antonio, TX 78205								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schedule)		b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp , officeholder living			
						lunch at conv			expense		
							. 011				
	Complete ONLY if direct		Candidate/Officeholder name	Office		ht		Office he	ld		
	expenditure to benefit C/Oł			Office	. Soug			Office field			
_		<u> </u>									
	Date		Payee name								
	03/25/2024		Racetrac Plano								
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e					
	\$53.24		2865 W. Plano Pkwy.								
			Plano, TX 75075								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule)	(b) Description					
	OF EXPENDITURE		Travel Out of District					ide of Texas. Comp			
								, officeholder living	expense		
						gas for confe	erer	ice travel			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	soug	ht		Office he	ld		
		•									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Equipment & Related Expens t strict	e	
1	Total pages Sebedula E1:	2 EU ED N					12	Filer ID	(Ethics Commission F	lore)	
1	Total pages Schedule F1:						 			1615)	
	Sch: 18/26 Rpt: 27/35	Kinard	Jr., Steve A. (Mr.)					00087774			
4	Date	5 Payee r	ame								
	05/01/2024		ican Party of Texas								
			-								
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip	Code						
	\$79.00	211 E 1	7th St								
		Suite 9	15								
			-								
		Austin,	TX 78701								
8	PURPOSE	(a) Categor	y (See Categories listed at the to	on of this schodulo)	(b)	Description					
	OF		Expense	p of this schedule)			outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE	LVEILL	-хрепзе					officeholder livin			
						Convention					
						Convention	IICK				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e/Officeholder name	Offices	sought			Office h	eld		
⊢											
	Date	Payee r	ame								
	03/29/2024	Saint F	0000								
	Amount (\$)	Payee a	ddress; City;	State; Zip	Code						
	\$25.65		ulden Ln								
	φ20.00										
		Suite 1	00								
		Dallas.	TX 75212								
L-	BUBBOCE				(1-)						
	PURPOSE OF		y (See Categories listed at the to	op of this schedule)	(0)	Description					
	EXPENDITURE	Food/B	everage Expense						nplete Schedule T.		
								officeholder livin	g expense		
						Campaign ev	vent				
	Complete ONLY if direct	Candidat	e/Officeholder name	Office	souaht			Office h	eld		
	expenditure to benefit C/OI			0	, o a g. a			0			
	-										
	Date	Payee r	ame								
	04/22/2024	Shell S	ervice Station								
-	Amount (¢)	Payee a	ddroool Citur	Ctoto: Zin	Codo						
	Amount (\$)	,		State; Zip	Coue						
	\$57.59	699 W	Renner Rd								
		Dichor	Acon TV 75000								
L		Richard	dson, TX 75080								
	PURPOSE	(a) Categor	y (See Categories listed at the to	p of this schedule)	(b)	Description				1	
	OF		In District			Check if travel	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE					Check if Austir	1, TX,	officeholder livin	g expense		
						Gas for trave	el				
⊢			1011 1								
Í	Complete <u>ONLY</u> if direct		e/Officeholder name	Office s	sought			Office h	eld		
	expenditure to benefit C/OI	1									
Í											

	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 Expense Legal Services The Instruction Guide expl	Office O Polling E Printing Salaries/	verhea xpens Expen Wage	se s/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID ((Ethics Commission Filers)		
	Sch: 19/26 Rpt: 28/35		Kinard Jr., Steve A. (Mr.)					00087774			
4	Date	5	Payee name								
	03/14/2024		Starbucks Frankford Rd								
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode						
-	\$3.14	ľ	18208 Preston Rd								
			Dallas, TX 75252								
_	DUDDOOF	(-)			10.						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule)	(0)	Description	outsi	de of Texas. Comple	ete Schedule T		
	EXPENDITURE		Food/Beverage Expense					officeholder living ex			
						Campaign m	eeti	ng			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	1		
_	Data	_									
	Date 05/01/2024		Payee name	lomon							
			Texas Federation of Republican W								
	Amount (\$)			State; Zip C	ode						
	\$197.92		13740 N Highway 183								
			Austin, TX 78750								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Event Expense	nis schedule)	(b)			de of Texas. Comple officeholder living ex			
						Gala ticket					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	1		
	Date		Payee name								
	03/08/2024		Texas Public Policy Foundation								
	Amount (\$)		Payee address; City; S	State; Zip C	ode						
	\$150.00		901 Congress Ave								
			Austin, TX 78701		-						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule)	(b)	Description	outo:	de of Texas. Comple	ste Schedule T		
	EXPENDITURE		Event Expense					officeholder living ex			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	1		

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 Transportation Equipment Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 20/26 Rpt: 29/35		Kinard Jr., Steve A. (Mr.)					00087774		
4	Date	5	Payee name				<u> </u>			
	02/26/2024		Third Coast Bank							
6	Amount (\$)	7	Payee address; City;	State; Zip	o Coc	е				
	\$15.00		5000 Legacy Dr							
			Plano, TX 75024							
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule)		b) Description				
	OF EXPENDITURE		Accounting/Banking				outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						η, TX,	, officeholder living expense		
						Fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held		
	Date		Payee name							
	03/01/2024		Torchy's Tacos Richardson							
	Amount (\$)		Payee address; City;	State; Zip	o Coc	e				
	\$14.30		300 W Campbell Rd							
			Ste 160							
			Richardson, TX 75080							
	PURPOSE	(a)				b) Description				
	OF	(~,	Category (See Categories listed at the top of Food/Beverage Expense	of this schedule)	Ì		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense		
						Campaign F	boc	l		
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	ht		Office held		
	expenditure to benefit C/OI									
	Date		Payee name							
	04/22/2024		Town Park Dallas							
	Amount (\$)		Payee address; City;	State; Zip	o Coc	e				
	\$35.00		12720 Merit Dr 75251							
			Dallas, TX 75251							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule)) (b) Description				
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.		
							ι, TΧ,	, officeholder living expense		
						Parking				
	0 1 1 0 1 1 1 1			~ ~ ~						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nt		Office held		
	,									

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 Trans Food/Beverage Expense Polling Expense Trave g - Gift/Awards/Memorials Expense Printing Expense Trave						Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAME	1				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/26 Rpt: 30/35			Steve A. (Mr.)					00087774	
4	Date	5	Payee name					<u> </u>		
	06/10/2024		2	e Travel Center						
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de			
\$30.00 14462 Interstate 10 Edge										
	Marion, TX 78124									
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	iedule)	(b) Description			
	EXPENDITURE		Travel Out	of District					ide of Texas. Com , officeholder living	
							Gas	,	, onicendider hving	Jevhense
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office soud	aht		Office he	eld
-	expenditure to benefit C/OI	Н								
	Date		Payee name							
	04/25/2024		Turning Poi	nt USA						
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de			
	\$941.92 4940 East Beverly Road									
				-						
			Phoenix, AZ	2 85044						
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Event Expe						ide of Texas. Com	
									, officeholder living	j expense
							Sponsorship	J		
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office soud	nht		Office he	
	expenditure to benefit C/OI		Sandidate/Om			511100 3004	Jit		Onice in	514
-	Date		Payee name							
	03/21/2024		Twitter							
-	Amount (\$)	-	Payee addre	ss; City;	State	; Zip Co	de			
	\$17.28		1355 Marke		Otato,	, <u>Lip</u> 000				
	\$11120		Suite 900							
				NO. TV 04102						
	BUBBOO			sco, TX 94103			<i>(</i>)			
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	iedule)	(b) Description	al outs	ide of Texas. Com	nlata Schadula T
	EXPENDITURE		Advertising	Expense					, officeholder living	
							social media			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght		Office he	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		Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra Gitt/Awards/Memorials Expense Printing Expense Tra						Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 22/26 Rpt: 31/35		Kinard Jr., Steve	e A. (Mr.)						00087774		
4	Date	5	Payee name									
	04/22/2024		Twitter									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	de					
	\$17.28		1355 Market St									
			Suite 900									
San Francisco, CA 94103												
0	DUDDOGE					<u> </u>	<u>////</u>					
8	PURPOSE OF		Category (See Cat		of this sched	dule)	ם (ס) ר	Description	outsio	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Advertising Exp	ense			F			officeholder living		
							L S	ocial media				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	Off	fice soug	ght			Office he	eld	
	Date	Γ	Payee name									
	05/21/2024		Twitter									
	Amount (\$)	┢	Payee address;	City;	State;	Zip Coo	de					
	\$17.28	I	1355 Market St									
			Suite 900									
			San Francisco,	CA 0/103								
	PURPOSE	<u> </u>				<u> </u>	<u>////</u>					
	OF		Category (See Cat Advertising Exp		of this sched	dule)	ים (ייי) ר	Description Check if travel o	outsic	le of Texas. Com	plete Schedule T.	
	EXPENDITURE			ense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							social media					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	Of	fice soug	ght			Office he	eld	
	Date	\square	Payee name									
	06/21/2024		Twitter									
	Amount (\$)	-	Payee address;	City;	State:	Zip Coo	de					
	\$17.28		1355 Market St	- 91	,							
	·		Suite 900									
			San Francisco,	CA 04102								
							<u> </u>					
	PURPOSE OF		Category (See Cat		of this sched	dule)	(b) D	Description	outeid	de of Texas. Com	aloto Schodulo T	
	EXPENDITURE		Advertising Exp	ense			╞			officeholder living		
							S	ocial media		5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeho	lder name	Of	fice soug	ght			Office he	ld	

	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 Ex Gift/Awards/Memo	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: 23/26 Rpt: 32/35		Kinard Jr., Steve A. (Mr.)	1				00087774			
4	Date	5	Payee name								
	05/24/2024		Uber								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$33.99		1455 Market St		•						
Suite 400											
San Francisco, CA 94103											
8	PURPOSE	(a)				(b) Description					
Ũ	OF	(,	Category (See Categories listed Event Expense	at the top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense			
						Transportatio	n to	o convention			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	Jht		Office held			
	Date		Payee name								
	05/24/2024		Uber								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$30.99		1455 Market St								
			Suite 400								
			San Francisco, CA 9410	3							
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Event Expense		ŕ			ide of Texas. Complete Schedule T.			
						Check if Austin, TX, officeholder living expense Transportation from convention					
						Transportatio		rom convention			
	Complete ONLY if direct		andidate/Officeholder name		Office sou	uht		Office held			
	expenditure to benefit C/OF				51100 300	jint		Onice netu			
	Date		Payee name								
	05/24/2024		Uber								
	Amount (\$)		Payee address; City;	State:	; Zip Co	le					
	\$7.67		1455 Market St	,							
			Suite 400								
			San Francisco, CA 9410	3							
	PURPOSE	(2)				(b) Description					
	OF	(")	Category (See Categories listed Event Expense	at the top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense			
						Transportatio	n to	o reception after convention			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e (Office sou	Jht		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 Food/Beverage Expense Gift/Awards/Memorials 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:		3 Filer ID (Ethics Commission Filers)								
_	Sch: 24/26 Rpt: 33/35	Kinard Jr., Steve A. (Mr.)	00087774								
4	Date	Payee name									
	05/28/2024	Uber									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$68.84	1455 Market St									
Suite 400											
		San Francisco, CA 94103									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/29/2024	Uber									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$50.87	1455 Market St									
		Suite 400									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense on to and from convention								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/30/2024	Uber									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$7.73	1455 Market St									
		Suite 400									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. h, TX, officeholder living expense h to reception								
	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/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: 25/26 Rpt: 34/35		Kinard Jr., Steve A. (Mr.)					00087774		
4	Date	5	Payee name				I			
	05/31/2024		Uber							
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode	!				
	\$14.90		1455 Market St							
			Suite 400							
			San Francisco, CA 94103							
8	PURPOSE	<u> </u>			(h) Description				
ľ	OF		Category (See Categories listed at the top of Event Expense	this schedule)	(~		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	I, TX,	, officeholder living expense		
						transportation	n to	o and from convention		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ugh	t		Office held		
	Date		Payee name							
	05/28/2024		United States Postal Sevice							
	Amount (\$)		Payee address; City;	State; Zip C	ode	!				
	\$128.00		900 Brentwood Road N.E.							
			Washington DC, DC 20066							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of shipping	this schedule)	(b		ı, TX,	ide of Texas. Complete Schedule T. c, officeholder living expense ign materials		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ugh	t		Office held		
	Date		Payee name							
	03/01/2024		Whole Foods Richardson							
	Amount (\$)		Payee address; City;	State; Zip C	ode					
	\$27.06		1411 E Renner Rd							
			Richardson, TX 75082							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	this schedule)	(b		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ugh	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expens	se	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/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				3	Filer ID (Ethics Commission Filers)			
	Sch: 26/26 Rpt: 35/35		Kinard Jr., Steve A. (Mr.)					00087774			
4	Date 03/11/2024	5	Payee name Wilcox, Leigh								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code										
J	\$75.00 11356 Plainview Dr Frisco, TX 75035										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense childcare											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office sou	ht		Office held			
	Date		Payee name								
	04/01/2024		Young Conservatives of Texas								
	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$1,000.00		9901 Brodie Ln.	,							
			Suite 160								
			Austin, TX 78748								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top on Event Expense	ide of Texas. Complete Schedule T. , officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ht		Office held			
	Date		Payee name								
	05/22/2024		Young Republican National Fede	eration	ı						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$520.51		1015 15th St NW		•						
			#600								
			Washington DC, DC 20005								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Event Expense	of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ht		Office held			