# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00086032	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Aaron G.			Date Received	
''''					ELECTRONICA	I I V EII ED
					.1	LLI FILLD
	NICKNAME	LAST		SUFFIX	07/14/2024	
		Kinsey				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	PO Box 605					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Midland, TX 79702					
	Iviidiand, 17, 19102				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Caleb D.				
	NICKNAME	LAST		SUFFIX		
		Richardson				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	4173 Elma Dr					
(Residence or Business)	Midland, TX 79707					
	Iviidiand, 17, 19101					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(806) 470-7876					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	
		_			appointment (office	
	X July 15	8th day before		Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	IH	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year		rimary	Runoff	Other	
	11/05/2024	ХG	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)	ı		12 OFFICE SOUGHT	(if known)	
	State Board Of Education	District 15			ducation District	15
				<u> </u>		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Kinsey, Aaron G. (Th	e Honorable)	<b>14</b> Filer ID ( 00086032	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informat	it the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	MMITTEE TYPE COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 15,250.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 26,680.96			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 68,435.42			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT	-						
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to				
		The He	norable Aaron G. Kinse				
			of Candidate or Officehold	<u>-</u>			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and cube	cribad bafara ma by the s	nid	this the	day			
		aidertify which, witness my hand and seal of office.	, uns uie	day			
Signature of offi	cer administering	Printed name of officer administering	Title of officer	r administering oath			

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			O V EI ( OI IEE	3 of 12
<b>18</b> FILER NA Kinsey, A	<b>19</b> Filer ID 00086032	(Ethics Commiss	ion Filers)	
20 SCHEDUL NAME OF	SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	26,680.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/12	
2	FILER NAME Kinsey, Aaro	FILER NAME Kinsey, Aaron G. (The Honorable)				on Filers)
4	Date 02/28/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$10,000.00
_	Daine in all account	Dallas, TX 75254				
8	CEO	pation / Job title (See Instructions)	9 Employer (See Instructions) Ashford Inc	)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#:_ Roach, Jason Contributor address; City; State; Zip Code  Lubbock, TX 79424	)		Amount of Contribution (\$)	\$100.00
	Principal occu Technical Sa	pation / Job title (See Instructions)	Employer (See Instructions Oil Gas	)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Roach, Jason Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Technical Sa	pation / Job title (See Instructions)	Employer (See Instructions Oil Gas	)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Whitley, Laura Contributor address; City; State; Zip Code Lubbock, TX 79424	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plete tl	his form.	,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (E	thics Commission Filers)
	Sch: 1/8 Rpt: 5/12	Kinsey, Aaron G. (The Honorable)		00086032	
4	Date	5 Payee name			
	05/13/2024	City Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u>е</u>		
	\$30.00	5219 City Bank Pkwy			
		•			
		Lubbock, TX 79407			
8	PURPOSE		<b>h)</b> De	scription	
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking		Check if travel outside of Texas. Complete	e Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expe	ense
			Ba	ınk Fee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	ht	Office held	
	Date	Payee name			
	06/24/2024	City Bank			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$30.00	5219 City Bank Pkwy			
		Lubbock, TX 79407			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)		scription	
	OF EXPENDITURE	Accounting/Banking	$\Box$	Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expe	
				ink fees	erise
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	06/24/2024	City Bank			
	Amount (\$)	Payee address; City; State; Zip Code	e		
	\$30.00	5219 City Bank Pkwy			
		Lubbock, TX 79407			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> De	scription	
	OF	Accounting/Banking		Check if travel outside of Texas. Complete	e Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expo	ense
			Ва	ınk fees	
	Operation ONE V. C. P.	Out distant Office health and a second of the second of th	L- 4	000	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

l	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1: Sch: 2/8 Rpt: 6/12	2 FILER NAME Kinsey, Aaron G. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086032
4	<u> </u>	5 Payee name FedEx	I
6	Amount (\$) \$98.88	7 Payee address; City; State; Zip Code 3916 Kemp Blvd Wichita Falls, TX 76308	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flyers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 01/02/2024	Payee name Google	
	Amount (\$) \$38.16	Payee address; City; State; Zip Code 1600 Amphitheatre  Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 02/02/2024	Payee name Google	
	Amount (\$) \$38.16	Payee address; City; State; Zip Code 1600 Amphitheatre	
		Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Email Service	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

#### SCHEDULE F1

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Service		-	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/8 Rpt: 7/12	Kinsey, Aaron G. (TI	ne Honorable)				00086032	
4	Date	5 Payee name						
	03/04/2024	Google						
6	Amount (\$)		ty; State; Zip (	Code				
	\$41.57	1600 Amphitheatre						
		Mountain View, CA	94043					
8	PURPOSE OF	(a) Category (See Categories	s listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Email service					de of Texas. Com , officeholder living	
					Email service		, omeenoider name	у схропос
9	Complete ONLY if direct	Candidate/Officeholder	name Office s	ought			Office he	eld
	expenditure to benefit C/O	I						
	Date	Payee name						
	04/02/2024	Google						
	Amount (\$)	Payee address; Ci	ty; State; Zip (	Code				
	\$46.05	1600 Amphitheatre						
		Mountain View, CA	94043					
	PURPOSE OF	(a) Category (See Categories	s listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Email service					de of Texas. Com officeholder living	
					Email service		onicendider living	у схропас
	Complete ONLY if direct	Candidate/Officeholder	name Office s	ought			Office he	eld
	expenditure to benefit C/OI	I						
	Date	Payee name						
	05/02/2024	Google						
	Amount (\$)	Payee address; Ci	ty; State; Zip (	Code				
	\$46.05	1600 Amphitheatre						
		Mountain View, CA	94043					
	PURPOSE	(a) Category (See Categories	s listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Email service						plete Schedule T.
					Email service		officeholder living	y expense
					Linan Scivice	•		
	Complete ONLY if direct	Candidate/Officeholder	name Office s	 ought			Office he	eld
	expenditure to benefit C/O			<b>J</b>				

#### SCHEDULE F1

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

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

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

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

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

	Credit Cara r ayment	The Instruction Guide explains how to comp	lete this form	1.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 4/8 Rpt: 8/12	Kinsey, Aaron G. (The Honorable)			00086032	
4	Date	5 Payee name				
	06/03/2024	Google				
6	Amount (\$)	7 Payee address; City; State; Zip Code	!			
	\$46.05	1600 Amphitheatre				
		Mountain View, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	n		
	OF EXPENDITURE	Email service	Check if t	travel outsi	de of Texas. Com	
	LXI LINDITORE		_		officeholder living	expense
			Email ser	rvice		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	+		Office he	old.
9	expenditure to benefit C/OI		ι		Office fie	eiu
L	<u> </u>					
	Date	Payee name				
	01/08/2024	Mailchimp				
	Amount (\$)	Payee address; City; State; Zip Code	<b>!</b>			
	\$47.97	675 Ponce de Leon Ave NE				
		Suite 5000				
		Atlanta, GA 30308				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description			
	EXPENDITURE	Email service			de of Texas. Com officeholder living	
			Email ser		omeeneder avang	, 6,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/08/2024	Mailchimp				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$47.97	675 Ponce de Leon Ave NE				
		Suite 5000				
		Atlanta, GA 30308				
_	PURPOSE	1	) Docarintia	n		
	OF	(a) Category (See Categories listed at the top of this schedule)  Email service	Description Check if t		de of Texas. Com	plete Schedule T.
	EXPENDITURE	Email Service	Check if A	Austin, TX,	officeholder living	expense
			Email ser	rvice		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t		Office he	eld
	experiulture to beliefft C/OI	1				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		tee Leg	Awards/Memorial al Services e Instruction G	s Expense		ages.	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not liste	d above)
1	Total pages Schedule F1:	2 =11			•		•		2	Filer ID	(Ethics Comr	nission Filers)
-	Sch: 5/8 Rpt: 9/12	I	nsey, Aaron	G. (The Hor	norable)				3	00086032	(Ethics Com	11331011 1 11613)
4	Date	5 Pay	yee name									
-	03/11/2024	1	ailchimp									
6	Amount (\$) \$47.97	67! Su	yee address; 5 Ponce de lite 5000 anta, GA 30			e; Zip Co	de					
8	PURPOSE	(a) Ca	tegory (See Ca	tegories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		nail service					<b>=</b>	, TX,	de of Texas. Coi officeholder livir	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/O		didate/Officeh	older name	(	Office sou	ght			Office h	neld	
	Date	Pay	yee name									
	04/09/2024	Ма	ailchimp									
	Amount (\$)	Pay	yee address;	City;	State	; Zip Co	de					
	\$47.97	67	5 Ponce de	_eon Ave N	E							
		Su	ite 5000									
		Atl	anta, GA 30	308		_						
	PURPOSE OF	(a) Ca	tegory (See Ca	ategories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	Em	nail service					<b>=</b>		de of Texas. Co officeholder livir	mplete Schedule T.	
								Email service		onicendider livii	ig expense	
	Complete ONLY if direct expenditure to benefit C/Oh		didate/Officeh	older name	(	Office sou	ght			Office h	neld	
	Date	Pay	yee name									
	05/09/2024	Ма	ailchimp									
	Amount (\$)	Pay	yee address;	City;	State	; Zip Co	de					
	\$47.97	67	5 Ponce de	_eon Ave N	E							
		Su	ite 5000									
		Atl	anta, GA 30	308								
	PURPOSE	<b>(a)</b> Cat	tegory (See Ca	ategories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		nail service	J	·	,		<u></u>			mplete Schedule T	
	LAI LINDITORE									officeholder livir	ng expense	
								Email service	:			
	Complete ONLY if direct	Can	didate/Officeh	older name	(	Office sou	aht			Office h	neld	
	expenditure to benefit C/OI						J				-	
											.,,	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 6/8 Rpt: 10/12	Kinsey, Aaron G. (The Honorable)  Calculate Commission Filers)  00086032
4	Date	5 Payee name
	06/10/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Email service    Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2024	Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$980.79	101 Bowie St
	φ900.79	101 Bowle St
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Hotel cost for Texas Republican Convention
		Hotel cost for Texas Nepublican Convention
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/24/2024	Perkins Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,794.03	PO Box 50201
		Midland, TX 79705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Convention materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	·
ı		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	OTTLER (effici à category flot listed above)	
1 Total pages Schedule F1:		·	3 Filer ID (Ethics Commission F	-ilers)
Sch: 7/8 Rpt: 11/12	Kinsey, Aaron G. (The Honorable)		00086032	,
4 Date	5 Payee name			
06/24/2024	Perkins Promotions			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de		
\$3,360.35	PO Box 50201			
	Midland, TX 79705			
8 PURPOSE OF	, , ,	(b) Description		
EXPENDITURE	Campaign coins		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Campaign co		
		, 3		
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ıht	Office held	
expenditure to benefit C/OI		•		
Date	Payee name			
02/03/2024	Perkins Promotions			
Amount (\$)	Payee address; City; State; Zip Coo	<u> </u>		
\$814.78	PO Box 50201			
Ψ014.70	1 0 Box 30201			
	Midland, TX 79705			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Campaign coins	ш	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Campaign co		
Complete ONLY if direct	Candidate/Officeholder name Office sout	ıht	Office held	
expenditure to benefit C/OI		•		
Date	Payee name			
01/18/2024	Republican Party of Texas			
Amount (\$)	Payee address; City; State; Zip Coo	de		
\$10,000.00	807 Brazos St			
,,,	Suite 701			
	Austin, TX 78701			
DUDDOCE		(b) December		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	(b) Description  Check if travel of	outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	ш	, TX, officeholder living expense	
		Sponsorship	for Texas GOP Convention	
Complete ONLY if direct	Candidate/Officeholder name Office sout	jht	Office held	
expenditure to benefit C/OI	H			

#### SCHEDULE F1

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 12/12	Kinsey, Aaron G. (The Honorable) 00086032
4	Date	5 Payee name
	05/13/2024	The Political Firm
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,920.00	5555 Hilton Ave Ste 203
		Baton Rouge, LA 70808
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Video creation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/OI	
-	Date	Payee name
	03/21/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	1776 Wilson Blvd
		Ste 530
		Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transaction fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2024	Wordpress State 7'in Code
	Amount (\$) \$68.42	Payee address; City; State; Zip Code 60 29th St #343
	Ψ00.42	30 23th 3t #343
		San Francisco, CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Website Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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