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		 Total pages fil 7 	ed: '9
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		JSE ONLY
OFFICEHOLDER	Mr.	Steve A.				
NAME	NICKNAME	LAST Kinard Jr.		SUFFIX	Date Received ELECTRONICA 10/07/2024	ALLY FILED
		Kindra 51.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 2506 Valley Forge	' / SUITE #; CIT	Ύ;	ZIP CODE	Date Hand-delivered of Receipt #	r Date Postmarked Amount
Change of Address	Richardson, TX 75080				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Steve A.				
	NICKNAME	LAST Kinard Jr.		SUFFIX		
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE)	AP	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	2506 Valley Forge	, DOM EL (OL),	7.0	, , , , , , , , , , , , , , , , , , , ,	0.1	(12, 21 000E
(Residence or Business)	Richardson, TX 75080					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (469) 441-5067	NE NUMBER I	EXTENSION			
8 REPORT TYPE	January 15	X 30th day before		Runoff	15th day after car appointment (officeFinal Report (Attar	ceholder only)
9 PERIOD COVERED	Month Day Year 07/01/2024	Tł	IROUGH	Month Day 09/26/2024	Year 4	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		Primary General	ELECTION TYPE	Other	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT State Representa		
		GO 1	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	6	Versi	on V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 79

13 C / OH NAME	Kinard Jr., Steve A. (I	Mr.)	14 Filer ID (00087774	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the officeholders are required to report this information	ne 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	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 234.00
	2. TOTAL POLITIC			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS))	\$ 74,666.21
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 34,523.59
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 40,643.49
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		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr. St	eve A. Kinard Jr.	
		Signature of 0	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH	<u> </u>	FORM C/OH
		3 of 79
18 FILER NAME Kinard Jr., Steve A. (Mr.)	19 Filer ID 00087774	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 56,793.48
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 17,872.73
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 34,523.59
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/28 Rpt: 4/79	
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 (\$)	
Ľ	08/20/2024	Acheson, Larry		Ľ	/call of contains about (+)	\$10.00
	00/20/2021	6 Contributor address; City; State; Zip Code				\$10.00
		Contributor address, City, State, Zip Code				
		Plano, TX 75074				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	retires		retired	-)		
⊨				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100.10
	08/15/2024	Albertson, Sharron				\$102.42
		Contributor address; City; State; Zip Code				
		Plano, TX 75023				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/13/2024	Aldridge, Carol				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75287				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/16/2024	Alexander, Cathie				\$10.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75074				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	retired	· · · · · · · · · · · · · · · · · · ·	retired	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	\ \	Г	Amount of Contribution (\$)	
	08/23/2024	Alexander, Ellen)			\$53.00
	00/20/2024					φ33.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75023				
\vdash	Drincipal occu		Employer (Soo Instruction	<u> </u>		
I	retired	pation / Job title (See Instructions)	Employer (See Instructions retired	"		
⊢			าธแเธน			
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/28 Rpt: 5/79	
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 (\$)	
	08/30/2024	Barlowe, Dianne				\$50.58
		6 Contributor address; City; State; Zip Code				
		Plano, TX 75025				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/16/2024	Bates, Timothy				\$5.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineer		AT&T			
	Date	Full name of contributor out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
	08/27/2024	Bollner, Dan				\$1,026.90
		Contributor address; City; State; Zip Code				
		Frisco, TX 75034				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/05/2024	Bowlen, Steve				\$50.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75075	•			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/20/2024	Bowman, Denise				\$15.00
		Contributor address; City; State; Zip Code		1		
L		Plano, TX 75025				
1	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	RN		FISD			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/28 Rpt: 6/79	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Kinard Jr., S	Steve A. (Mr.)			00087774	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/01/2024	Branch, Ken				\$95.70
		6 Contributor address; City; State; Zip Code				
		Plano, TX 75025				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/16/2024	Brauer, Steve				\$959.70
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76107				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/06/2024	Brezette, Mark				\$240.66
		Contributor address; City; State; Zip Code		1		
		Allen, TX 75013				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate	Broker	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/16/2024	Brian, Bauer				\$100.00
		Contributor address; City; State; Zip Code		1		
		Longview, TX 75606	<u>1 </u>	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager		Texas Bank and Trust			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/23/2024	Briscoe Cain Campaign				\$5,000.00
		Contributor address; City; State; Zip Code				
		Deer Derk TV 77526				
	Drinsipal appr	Deer Park, TX 77536				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 4/28 Rpt: 7/79	
2	FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	08/19/2024	Britton, Cheryl	/			\$5.00
		6 Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		Carrolton, TX 75007				
<u>_</u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ľ	retired		retired	<i>)</i>		
	Teureu		Tettieu	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/05/2024	Byrnes, Collin				\$2,399.70
		Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor		Collin College			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Canright, Robert				\$50.00
		Plano, TX 75025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/20/2024	Carrie Isaac for Texas				\$2,500.00
		Contributor address; City; State; Zip Code				+_,
		Contributor address, City, State, Zip Code				
		Dripping Springs, TX 78620				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
				-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	08/05/2024	Full name of contributor out-of-state PAC (ID#: Cayce, Charles)		Amount of Contribution (\$)	\$25.00
	00/03/2024					Ψ20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75252				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
I	Retired		Retired)		
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I I						

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.]1	Total pages Schedule A1: Sch: 5/28 Rpt: 8/79	_
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Steve A. (Mr.)			00087774	-
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/13/2024	Chambers, Robert				\$100.00
	6 Contributor address; City; State; Zip Code		-		·
	Dallas, TX 75252				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
retired		retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/05/2024	Clark, Charlaine				\$100.00
	Contributor address; City; State; Zip Code				
	Plano, TX 75075				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
retired		retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/01/2024	Cline, Elizabeth			к	\$53.00
			1		
	Plano, TX 75075				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Accountant		Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
08/29/2024	Cline, Elizabeth			к	\$50.58
	Contributor address; City; State; Zip Code				
	Plano, TX 75075				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> s)		
Accountant		Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/11/2024	Conner Harrington Republican Women			к	\$1,000.00
	Contributor address; City; State; Zip Code		1		· ·
	Plano, TX 75075				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
					ľ

SCHEDULE	A1
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 6/28 Rpt: 9/79	
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 (\$)	
	09/07/2024	Consolver, George	/	ľ		\$100.00
	03/01/202-	-				Ψ100.00
		6 Contributor address; City; State; Zip Code				
l						
		Plano, TX 75075				
-	Dringing ogg		Employer (See Instructions	<u> </u>		
ð		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/14/2024	Crawford, Jaci				\$50.58
		Contributor address; City; State; Zip Code				
l						
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	08/24/2024	Crowell, Cynthia				\$200.00
		Dallas, TX 75287				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions			
	Nurse		Self-employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	08/19/2024	Full name of contributor out-of-state PAC (ID#: Dean, Michael)			\$10.00
	00/19/2024					ΦΤΟ'ΟΟ
		Contributor address; City; State; Zip Code				
		Dallas, TX 75287				
<u> </u>	Dringing oog					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	self employe		self employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/11/2024	Deason, Darwin				\$4,799.70
	Contributor address; City; State; Zip Code					
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chairman		Deason Capital Services	s		
\vdash						

<u> </u>							
	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 7/28 Rpt: 10/79	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-	Kinard Jr., S					00087774	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/11/2024	Deason, Doug					\$2,399.70
	I	6 Contributor address; City; State; Zip	Code				
		1					
		1					
		Dallas, TX 75229	,				
8		pation / Job title (See Instructions)		9 Employer (See Instructions			
	President			Deason Capital Services	s		
	Date	Full name of contributor out-	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/11/2024	Dickel, Margaret					\$100.00
	1	Contributor address; City; State; Zip					
		1					
		1					
		Plano, TX 75075	,				
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
	retired			retired			
	Date	Full name of contributor out-	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/16/2024	Dorrance, Cheryl					\$250.00
	I	Contributor address; City; State; Zip					
		1					
		1					
		Plano, TX 75074					
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
	retired			retired			
	Date	Full name of contributor out-	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024	Fisher, Kenneth					\$4,799.70
	I	Contributor address; City; State; Zip	Code				
		1					
L		Plano, TX 75093			Ļ		
		Ipation / Job title (See Instructions)		Employer (See Instructions	;)		
L	Executive Ch	nairman		Fisher Investments	_		
	Date		-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	08/10/2024	Flint, George					\$102.42
	Contributor address; City; State; Zip Code						
		1					
		Plano, TX 75075	,				
		upation / Job title (See Instructions)		Employer (See Instructions	;)		
	District Judg	e		State of Texas			
1							

	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 8/28 Rpt: 11/79	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S	teve A. (Mr.)				00087774	,
4	Date	5 Full name of contributor out-of-state PAC	: (ID#:)	7	Amount of Contribution (\$)	
	08/20/2024	Giba, Elke					\$10.00
		6 Contributor address; City; State; Zip Code			1		
		Plano, TX 75025					
8		pation / Job title (See Instructions)	9	9 Employer (See Instructions	5)		
	Director of N	laerketing		Definiti			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	08/29/2024	Gibb, Catherine					\$47.70
		Contributor address; City; State; Zip Code					
		Plano, TX 75074					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC	: (ID#:)		Amount of Contribution (\$)	
	08/21/2024	Greenwell, Rita					\$10.00
		Contributor address; City; State; Zip Code			1		
		Plano, TX 75074					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC	: (ID#:)		Amount of Contribution (\$)	
	08/12/2024	Greer, Pat					\$530.00
		Contributor address; City; State; Zip Code			1		
		Plano, TX 75075					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC	: (ID#:)		Amount of Contribution (\$)	
	08/24/2024	Grossman, Naomi					\$36.00
		Contributor address; City; State; Zip Code					
L		Dallas, TX 75287	,				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Teacher			Parish Episcopal Schoo	I		

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/28 Rpt: 12/79	
2	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 (\$)	
	08/16/2024	Hayes, Richard				\$1,026.90
		6 Contributor address; City; State; Zip Code		1		
		Denton, TX 76201	i			
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Lawyer		Hayes, Berry, White & V	/an	izant LLP	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/19/2024	Heir, John				\$5.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75025				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/29/2024	Henry, Byron				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Prosper, TX 75078	i			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Scheef and Stone			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/21/2024	Hester, Steven				\$10.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Plano, TX 75074		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/06/2024	Hix, Robert				\$53.00
		Contributor address; City; State; Zip Code				
⊢	<u> </u>	Plano, TX 75023		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
Í –						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
					Sch: 10/28 Rpt: 13/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S	teve A. (Mr.)			00087774	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/14/2024	Horniman, Keith				\$50.00
		6 Contributor address; City; State; Zip Code				
		Plano, TX 75023				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/14/2024	Hunicutt, Teri				\$50.00
		Contributor address; City; State; Zip Code				
		F				
		Plano, TX 75075				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	retired		retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	08/13/2024	Johnson, Alan				\$107.00
	00/10/2021					¢101.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75074				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	retired		retired	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/12/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Kelly Ann)		Amount of Contribution (\$)	\$107.00
	00/12/2024	-				\$107.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
⊢	Drinoinal again	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/08/2024	Kaminski, Bryan				\$959.70
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
		pation / Job title (See Instructions)	Employer (See Instructions)			
	Real Estate		Kamco Property Compa	ny		

SCHEDULE	A1
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,	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedul Sch: 11/28 Rpt: 14	
2	FILER NAME			3 Filer ID (Ethics Cor	mmission Filers)
	Kinard Jr., S	teve A. (Mr.)		00087774	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contributi	on (\$)
	08/20/2024	Kar, SC			\$9.30
		6 Contributor address; City; State; Zip Code			
		Plano, TX 75024			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	retired		retired		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contributi	on (\$)
	08/05/2024	Keller, Caroline			\$50.00
		Contributor address; City; State; Zip Code			
		Plano, TX 75025			
		pation / Job title (See Instructions)	Employer (See Instructions	·	
	Music Minist	er	Saint Elizabeth Ann Set	on Catholic Church	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contributi	on (\$)
	08/16/2024	Kemp, David			\$10.00
		Contributor address; City; State; Zip Code			
		Plano, TX 75024	1		
		pation / Job title (See Instructions)	Employer (See Instructions)	
	Retired		Retired		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contributi	
	08/22/2024	Kemp, David			\$300.00
		Contributor address; City; State; Zip Code			
			ſ		
		Plana TX 75024	ſ		
	Dringing ogg	Plano, TX 75024	Employer (See Instructions)	
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contributi	
	08/08/2024	Kemp, David			\$100.00
	Contributor address; City; State; Zip Code				
		Plano, TX 75024			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Retired		Retired)	

1	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/28 Rpt: 15/79	
2 F	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
۲	inard Jr., S [.]	teve A. (Mr.)			00087774	
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
0	08/13/2024	Kemp, David				\$250.00
		6 Contributor address; City; State; Zip Code				
		Plano, TX 75024				
8 F	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
F	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
0	09/05/2024	Kemp, David				\$500.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75024				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
F	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/13/2024	Kerr, James				\$100.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75023	l			
		ipation / Job title (See Instructions)	Employer (See Instructions))		
r	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	09/04/2024	Killmeyer, Jason				\$23.70
		Contributor address; City; State; Zip Code				
		Pittsburg, PA 15222	l			
		ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
S	self employe	d	self employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
0	07/27/2024	Kinard Jr., Steve				\$9.30
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080				
		pation / Job title (See Instructions)	Employer (See Instructions)			
L	Director		Texas Blockchain Counc	cil		

	The Instru	ction Guide explains how to complete this	s form.		1 Total pages Schedule A1: Sch: 13/28 Rpt: 16/79	
2	FILER NAME			:	3 Filer ID (Ethics Commission	i Filers)
	Kinard Jr., S	teve A. (Mr.)			00087774	
4	Date	5 Full name of contributor Out-of-state PAC (IE	0#:)	7 Amount of Contribution (\$)	
	09/21/2024	Kippen, Blair				\$100.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Plano, TX 75025				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See In	structions)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of Contribution (\$)	
	09/03/2024	Klement, Jonathan				\$478.74
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	l l	
	Vice Preside	nt	RT Specialty			
F	Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of Contribution (\$)	
	09/15/2024	Kolb, Ron				\$200.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75023				
	Principal occu	ipation / Job title (See Instructions)	Employer (See In	nstructions)		
	Sr Cloud Su	pport Engineer	M-Files Inc			
	Date	Full name of contributor out-of-state PAC (IE	0#:)	Amount of Contribution (\$)	
	08/17/2024	Koons, Bob				\$9.30
		Contributor address; City; State; Zip Code				
		Plano, TX 75025				
	Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (IE	0#:)	Amount of Contribution (\$)	
	08/31/2024	Krauss, Donna				\$100.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75075				
	Principal occu	ipation / Job title (See Instructions)	Employer (See In	nstructions)		
	retired		retired			
			•			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/28 Rpt: 17/79	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Kinard Jr., St	teve A. (Mr.)			00087774	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/29/2024	Lamb, Philip				\$1,070.00
		6 Contributor address; City; State; Zip Code				
	1					
		_				
		Plano, TX 75025				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Solutions Arc		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Lamb, Philip				\$1,026.90
	1	Contributor address; City; State; Zip Code				
		Plano, TX 75025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Solutions Arc		Self Employed	''		
⊢	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	08/12/2024	Lane, David	/		Allount of Contribution (+)	\$50.00
		Contributor address; City; State; Zip Code				
	1					
		Plano, TX 75025				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Adjuster		State Farm Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/18/2024	Lapinski, Blaise				\$10.00
		Contributor address; City; State; Zip Code				
	1					
		Wylie, TX 75098				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ۱)		
	Software Eng		talkmap.com	''		
╞	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/05/2024	Latimer, Thelma	/			\$20.00
		Contributor address; City; State; Zip Code				
	1					
		Plano, TX 75075				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 18/79	
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 (\$)	
	08/05/2024	Lauterback, Fred				\$25.00
		6 Contributor address; City; State; Zip Code]		
		Plano, TX 75075				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ľ	Retired		Retired	5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#		Т	Amount of Contribution (\$)	
	08/20/2024	Full name of contributor out-of-state PAC (ID#	¥)		Amount of Contribution (\$)	\$10.00
	00/20/2024					φ10.00
		Contributor address, City, State, Zip Code				
		Plano, TX 75025				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	IT	• • •	Gainwell			
╞	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	08/20/2024	Liu, Janet				\$9.30
		Contributor address; City; State; Zip Code		.		
		Dallas, TX 75287				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	unemployed		unemployed			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	08/20/2024	Lowery, Natasha				\$10.00
		Contributor address; City; State; Zip Code		"		
		Distantes TV 75000				
┝	Drineireleseu	Richardson, TX 75080				
	Principal occu Psychologist	ipation / Job title (See Instructions) t	Employer (See Instructions CPSTTexas	S)		
				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷=00.00
	09/05/2024	Lowry, Thomas				\$500.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د</u>		
	retired		retired	3)		
┝						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/28 Rpt: 19/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S	teve A. (Mr.)			00087774	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/20/2024	Main, David				\$10.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75238				
8		pation / Job title (See Instructions)	9 Employer (See Instructions		_	
	Sales		Southeastern Freight Li	nes		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/20/2024	Mallette, Pat				\$9.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75252				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	—)		Amount of Contribution (\$)	
	08/05/2024	McAvity, James				\$251.00
		Contributor address; City; State; Zip Code				
		Greenwich, CT 68300				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO		Cormint	3)		
⊨				<u> </u>		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$95.40
	09/03/2024	McNamara, Denise				Φ9 5.40
		Contributor address; City; State; Zip Code				
		Dallas, TX 75231				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Self Employe		Self Employed	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Т	Amount of Contribution (\$)	
	07/02/2024	Meyers, Karen)			\$53.00
	01/02/2021					<i>400.00</i>
		Contributor address, City, State, Zip Code				
1		Plano, TX 75075				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	 s)		
1	Retired		Retired			
⊢			1			
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/28 Rpt: 20/79 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Kinard Jr., Steve A. (Mr.) 00087774 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/05/2024 Michael, Wilson \$75.00 6 Contributor address; City; State; Zip Code Dallas, TX 75234 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/16/2024 \$20.00 Midgley, Denise Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/29/2024 Midgley, Denise \$100.00 Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/31/2024 \$40.00 Midgley, Denise Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/18/2024 \$10.00 Mock, Michael Contributor address; City; State; Zip Code Dallas, TX 75287 Principal occupation / Job title (See Instructions) Employer (See Instructions) self employed MACK Ink Ltd

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/28 Rpt: 21/79	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Kinard Jr., S				00087774	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	08/14/2024	Moore, Thomas			.,	\$100.00
	••••	6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Plano, TX 75023				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	retired		retired	',		
⊨				_	Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	Φ100 1 0
	08/01/2024	Motter, Jon				\$102.42
		Contributor address; City; State; Zip Code				
\vdash		Plano, TX 75023		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
L	Retired		Retired			
Γ	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/11/2024	Motter, Jon				\$1,026.90
		Contributor address; City; State; Zip Code				
		Plano, TX 75023				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/14/2024	Motter, Jon				\$100.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75023				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ட 5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/15/2024	Munson, David	/		Amount of Continuation (+)	\$240.66
	00,10,202	Contributor address; City; State; Zip Code				Ψ L . 0. 0 -
		Continuation address, City, State, Zip Code				
		Dallas, TX 75229				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	ッ		
\vdash						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/28 Rpt: 22/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S	teve A. (Mr.)			00087774	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/20/2024	OConnor, James				\$10.00
		6 Contributor address; City; State; Zip Code				
	Principal occu	Dallas, TX 75248 Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Ő	Self employe		TDMC LLC	<i>י</i> ו		
╞					Amount of Contribution (\$)	
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#: ONeill, John)		Amount of Contribution (\$)	\$500.00
	00/10/2027					ψυυυ.υυ
		Contributor address; City; State; Zip Code				
		Dallas, TX 75287				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		OWLawyers			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Olsen, Jim				\$150.00
		Contributor address; City; State; Zip Code				
		Dishardoon TV 75000				
┝	Dringinal agou	Richardson, TX 75080	Employer (Soo Instructions	<u> </u>		
	retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	5)		
╞		Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (f)	
	Date 08/11/2024	Full name of contributor out-of-state PAC (ID#: Perry, Germaine)		Amount of Contribution (\$)	\$53.00
	00/11/2024	Contributor address; City; State; Zip Code				ψ33.00
		Contributor address, City, State, Zip Code				
		Plano, TX 75075				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	homemaker		homemaker			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Petersen, Erik				\$100.00
		Contributor address; City; State; Zip Code				
	D i vizel essu	Plano, TX 75075		Ĺ		
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Tettieu		Teureu			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/28 Rpt: 23/79	
2	FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	09/05/2024	Pikl, James				\$200.00
		6 Contributor address; City; State; Zip Code				
		Mckinney, TX 75071				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Attorney		Scheef and Stone	''		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/13/2024	Plano Republican Women PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75094				
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/20/2024	Porter, Don				\$10.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Richardson, TX 75080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	retired		retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/21/2024	Raley, Lori)			\$383.70
	03/21/2024					Ψ 303 .70
		Contributor address; City; State; Zip Code				
		Plano, TX 75024				
	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	self employe		self employed)		
	Sell employe			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/07/2024	Ramsey, Clay				\$107.00
		Contributor address; City; State; Zip Code				
Plano, TX 75075						
1		pation / Job title (See Instructions)	Employer (See Instructions			
1	Information S	Security	Clearbalance Healthcar	е		
Γ						
1						

The Instru	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 21/28 Rpt: 24/79	
2 FILER NAME			3	B Filer ID (Ethics Commissio	n Filers)
Kinard Jr., S	teve A. (Mr.)			00087774	,
4 Date 08/13/2024	5 Full name of contributor out-of- Ramsey, Dave	state PAC (ID#:) 7	Amount of Contribution (\$)	\$508.50
		ode			• -
	Plano, TX 75024				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (S	ee Instructions)		
Director		Hext Finan	cial Group		
Date	Full name of contributor	state PAC (ID#:)	Amount of Contribution (\$)	
09/03/2024	Ramsey, David	·			\$479.70
	Contributor address; City; State; Zip C	ode			
	Plano, TX 75024				
Principal occu	pation / Job title (See Instructions)	Employer (S	ee Instructions)		
Director		Hext Finan	cial Group		
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of Contribution (\$)	
09/20/2024	Ramsey, David				\$239.70
	Contributor address; City; State; Zip C	ode			·
	Plano, TX 75024				
	pation / Job title (See Instructions)		ee Instructions)		
Director		Hext Finan	cial Group		
Date	Full name of contributor 🔲 out-of-	state PAC (ID#:)	Amount of Contribution (\$)	
08/13/2024	Reeves, Douglas				\$100.00
	Contributor address; City; State; Zip C	ode			
	Plano, TX 75024				
Principal occu	pation / Job title (See Instructions)	Employer (S	ee Instructions)		
retired		retired			
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of Contribution (\$)	
08/14/2024	Reeves, Sue				\$100.00
	Contributor address; City; State; Zip C	ode			
	Fairview, TX 75069				
Principal occu	pation / Job title (See Instructions)	Employer (S	ee Instructions)		
retired		retired			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/28 Rpt: 25/79 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Kinard Jr., Steve A. (Mr.) 00087774 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/14/2024 Reno, Sherine \$60.00 6 Contributor address; City; State; Zip Code Dallas, TX 75252 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/24/2024 Republican Women of Greater North Texas \$2,500.00 Contributor address; City; State; Zip Code Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 08/22/2024 Republican Women of Kerr County \$250.00 Contributor address; City; State; Zip Code Kerrville, TX 78029 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/20/2024 \$9.30 Rigg, Dorothy Contributor address; City; State; Zip Code Plano, TX 75023 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/19/2024 \$240.66 Robison, Carol Contributor address; City; State; Zip Code Plano, TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/28 Rpt: 26/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S	teve A. (Mr.)			00087774	ŕ
4	Date 09/02/2024	5 Full name of contributor out-of-state PAC (ID#: Rutter, Adam)	7	Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; State; Zip Code Frisco, TX 75035				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Businessma	n	Ericsson Inc			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/08/2024	Safi, Masoud				\$100.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Plano, TX 75025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Self Employe	ed	Self Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/22/2024	Safi, Masoud				\$300.00
		Contributor address; City; State; Zip Code		•		
	I					
	I					
	l	Plano, TX 75025				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Self Employe		Self Employed	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/18/2024	Santacroce, George	/		Allount of Contribution (+)	\$10.00
	00,10,202.	Contributor address; City; State; Zip Code		\mathbf{I}		Ψ±0.00
	I	Contributor address, City, State, Zip Code				
	I					
		Austin, TX 78746				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	unemployed		unemployed			
⊢	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	08/11/2024	Sevin, Marilyn	/			\$95.70
	00,11,202	Contributor address; City; State; Zip Code		•		400
	I	Continuation address, City, State, Zip Code				
	I					
	I	Plano, TX 75025				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	retired		retired	5)		
┝						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 24/28 Rpt: 27/79 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Kinard Jr., Steve A. (Mr.) 00087774 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/30/2024 Simpson, Preston \$95.70 6 Contributor address; City; State; Zip Code Plano, TX 75024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/20/2024 Tolbert, Pamela \$10.00 Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/09/2024 Tom Oliverson Campaign \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/20/2024 Vartevan, Koruin \$4.50 Contributor address; City; State; Zip Code Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/09/2024 Vasut, Cody \$251.00 Contributor address; City; State; Zip Code Angleton, TX 77516 Principal occupation / Job title (See Instructions) Employer (See Instructions) State Representative State of Texas

_						
	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/28 Rpt: 28/79	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kinard Jr., S	teve A. (Mr.)			00087774	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/07/2024	Vasut, Cody				\$251.00
		6 Contributor address; City; State; Zip Code				
		Angleton, TX 77516				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	State Repres	sentative	State of Texas			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2024	Vasut, Cody)		/ incunt of Contribution (+)	\$508.50
						+000.00
		Contributor address, City, State, Zip Code				
		Angleton, TX 77516				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	State Repres	sentative	State of Texas			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/22/2024	Walker, Meredith)		/ incunt of Contribution (+)	\$50.58
		Contributor address; City; State; Zip Code				
		Contributor address, Only, State, Zip Code				
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Global Econ	omist	C5 Capital			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Ward, Rhonda				\$50.58
		Contributor address; City; State; Zip Code				
		Nacadoches, TX 75961				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate	Appraiser	East Texas Appraisal S	erv	ices	
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/17/2024	Weaver, Staci				\$5.00
		Contributor address; City; State; Zip Code		1		
		Little Elm, TX 75068				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	School Supe	rintendent	Legacy Preparatory Cha	arte	er Academy	
I						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 26/28 Rpt: 29/79		
2	FILER NAME		2	Filer ID (Ethics Commissio	n Filers)	
	Kinard Jr., S	teve A. (Mr.)		00087774	511111613)	
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	09/05/2024	Weiland, Stephen				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75209				
8		pation / Job title (See Instructions)	9 Employer (See Instruction	s)		
	Attorney		Attorney			
	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	08/30/2024	Weinstein, Seth				\$239.70
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Attorney		Ray & Weinstein, P.C.			
Γ	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)	Γ	Amount of Contribution (\$)	
	08/19/2024	Wilson, John				\$5.00
		Contributor address; City; State; Zip Code	1			
		Dallas, TX 75234				
		pation / Job title (See Instructions)	Employer (See Instruction	s)		
	retired		retired			
	Date	Full name of contributor 🛛 out-of-state PAC (ID		Amount of Contribution (\$)		
	09/16/2024	Witt, John			\$479.70	
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75023		Ļ		
		pation / Job title (See Instructions)	Employer (See Instruction	S)		
	Consultant		KPMG	_		
	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	08/14/2024	adams, mary kaye			\$100.00	
		Contributor address; City; State; Zip Code				
⊢	<u> </u>	dallas, TX 75252	Employer (See Instruction	Ĺ		
ĺ		pation / Job title (See Instructions)	S)			
	retired					
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 27/28 Rpt: 30/79 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Kinard Jr., Steve A. (Mr.) 00087774 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/20/2024 aguilar epstein, colleen \$20.00 6 Contributor address; City; State; Zip Code Plano, TX 75023 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/13/2024 \$479.70 del Rosal, Luisa Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/19/2024 hewitt, michael \$47.70 Contributor address; City; State; Zip Code Dallas, TX 75204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tollefson Bradley Mitchell & Melendi LLP Attorney Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ 08/19/2024 lingle, brian \$4.50 Contributor address; City; State; Zip Code Mckinney, TX 75072 Principal occupation / Job title (See Instructions) Employer (See Instructions) engineer lingle engineers Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/12/2024 mcCoy, Lynn \$107.00 Contributor address; City; State; Zip Code Plano, TX 75023 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONE	TARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	ruction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 28/28 Rpt: 31/79	
2 FILER NAM Kinard Jr.,	IE Steve A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087774	
4 Date 08/18/202	 Full name of contributor out-of-state PAC (ID#: richardson, clark Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$1,070.00	
	Dallas, TX 75225		
8 Principal oc Automotive		9 Employer (See Instructions Forbes Todd LLC)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 32/79				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Kinard Jr., S	Steve A. (Mr.)	00087774				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
09/10/2024	Greg Abbott Campaign		contribution (\$) description \$13,100.00 Polling			
	7 Contributor address; City; State; Zip Code		1			
	Austin, TX 78767					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
			(
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution			
09/25/2024	Greg Abbott Campaign	/	contribution (\$) description			
	Contributor address; City; State; Zip Code		\$4,772.731Data			
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

	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 Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILE	ER NAME	-		-	3	Filer ID (Ethics Commission Filers)
	Sch: 1/47 Rpt: 33/79		ard Jr., Steve A. (Mr.)				00087774
4	Date 07/08/2024	5 Pay AirE	ee name BnB					
6	Amount (\$) \$1,585.87	888	ee address; City; Brannan St I Francisco, CA 9410		; Zip Coo	le		
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 Lodging during political event 						, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	e (Office sou	ht		Office held
	Date 07/08/2024	Pay Airf	ee name 3nB					
	Amount (\$) \$3,082.66	888	ee address; City; Brannan St I Francisco, CA 9410		; Zip Coo	le		
	PURPOSE OF EXPENDITURE		egory (See Categories listed Int Expense	I at the top of this sch	nedule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense political event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	e (Office sou	ht		Office held
Date Payee name								
	09/16/2024	Air						
Amount (\$) \$333.93			ee address; City; Brannan St	State	; Zip Coo	le		
		Sar	n Francisco, CA 9410	3				
	PURPOSE OF EXPENDITURE		egory (See Categories listed Int Expense	l at the top of this sch	nedule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ference
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	9 (Office sou	ht		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exper Fees Food/Bever Gift/Awards nmittee Legal Service	EXPENDITURE CATEGORIES FOR BOX 8(a) 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.				Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
1	Sch: 2/47 Rpt: 34/79	2	Kinard Jr., Steve A.	(Mr.)			ľ	00087774	
_	-	<u> </u>		(1011.)				00007774	
4	Date	5	Payee name						
	07/01/2024		Anedot, Inc						
6	Amount (\$)	7			Zip Co	le			
	\$2.52		1340 Poydras Stree	t					
			Suite 1770						
			New Orleans, LA 70	112					
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description			
	OF		Fees		ouuloj	Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						ı, TX	, officeholder living) expense
						Fundraising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	Jht		Office he	eld
	Date		Payee name						
	07/02/2024		Anedot, Inc						
	Amount (\$)	-		ty; State;	Zip Co	10			
	\$2.52		1340 Poydras Stree						
	φ2.52		-	L					
			Suite 1770						
			New Orleans, LA 70	112					
	PURPOSE OF	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees					ide of Texas. Com , officeholder living	
						Fundraising	1, 1 A	, onicendider nving	Texpense
						runuruising			
	Complete ONLY if direct		Candidate/Officeholder	name C	Office sou	uht		Office he	ald
	expenditure to benefit C/OI		andidate/Onicenoider	iane c	JIICE SOU	jin		Once ne	5iu
	_	_							
	Date		Payee name						
	07/27/2024		Anedot, Inc						
	Amount (\$)				Zip Co	le			
	\$0.70		1340 Poydras Stree	t					
			Suite 1770						
			New Orleans, LA 70	112					
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description			
	OF		Fees		,	Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						ı, TX	, officeholder living) expense
						Fundraising			
	Complete ONLY if direct		Candidate/Officeholder	name C	Office sou	Jht		Office he	eld
	expenditure to benefit C/OI	-1							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITURE CATEGORIES FOR BOX 8(a) 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				Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	12		=				2	Filer ID	(Ethics Commission Filers)
1		 ²						ື		
	Sch: 3/47 Rpt: 35/79		Kinard Jr.,	Steve A. (Mr.)					00087774	
4	Date	5	Payee name	1						
	08/01/2024		Anedot, Inc							
6	Amount (¢)				Ctoto		40			
0	Amount (\$)	ľ	Payee addre		State,	; Zip Co	le			
	\$4.58		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
_	BUBBAAE			,			4 X			
8	PURPOSE OF	(a)		see Categories listed at th	e top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	
								, IX	, officeholder living	j expense
							Fundraising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	Jht		Office he	eld
	Date		Davaa nama							
			Payee name							
	08/05/2024		Anedot, Inc	;						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$15.87		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
	PURPOSE	(a)	Category (s	see Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees				Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE						Check if Austin	, тх	, officeholder living	j expense
							Fundraising			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Dffice sou	aht		Office he	eld
	expenditure to benefit C/OI		Sandado, On				jiic			
		-								
	Date		Payee name	•						
	08/06/2024		Anedot, Inc	:						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$2.52		1340 Poyd	-		, , 50				
	φζ.ΰζ									
			Suite 1770							
			New Orlea	ns, LA 70112						
-	PURPOSE	(a)	Category "	ee Categories listed at th	o top of this a-h	uodule)	(b) Description			
	OF	(``'	Fees	ee Calegones listed at tr	ie iop oi tills sch	ieuuie)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		геез						, officeholder living	
							Fundraising			
_	o I. o		N 10 1 1 1			2.45			~ ~ ~ ~	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	jht		Office he	eld
	Compenditure to benefit C/Of									

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)					
Sch: 4/47 Rpt: 36/79	Kinard Jr., Steve A. (Mr.) 00087774					
4 Date	5 Payee name					
08/08/2024	Anedot, Inc					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$44.78	1340 Poydras Street					
φ-+70						
	Suite 1770					
	New Orleans, LA 70112					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	Fees Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Fundraising					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
08/09/2024						
	Anedot, Inc					
Amount (\$)	Payee address; City; State; Zip Code					
\$10.77	1340 Poydras Street					
	Suite 1770					
	New Orleans, LA 70112					
PURPOSE						
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.					
	Fundraising					
	, and along					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
08/10/2024	Anedot, Inc					
Amount (\$)	Payee address; City; State; Zip Code					
\$4.58	1340 Poydras Street					
÷	Suite 1770					
	New Orleans, LA 70112					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	Fundraising					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	4					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politie Credit Card Payment											
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
Sch: 5/47 Rpt: 37/79	Kinard Jr., Steve A. (Mr.) 00087774										
4 Date	5 Payee name										
08/11/2024	Anedot, Inc										
6 Amount (\$)	7 Payee address; City; State; Zip Code										
\$49.92	1340 Poydras Street										
	Suite 1770										
	New Orleans, LA 70112										
	New Oriedits, LA 70112										
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.										
	Check if Austin, TX, officeholder living expense										
	Fundraising										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H										
Date	Payee name										
08/12/2024	Anedot, Inc										
Amount (\$) Payee address; City; State; Zip Code											
\$34.34	1340 Poydras Street										
ψ04.04											
	Suite 1770										
	New Orleans, LA 70112										
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.										
EXPENDITORE	Check if Austin, TX, officeholder living expense										
	Fundraising										
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held										
· ·											
Date	Payee name										
08/13/2024	Anedot, Inc										
Amount (\$)	Payee address; City; State; Zip Code										
\$26.27	1340 Poydras Street										
	Suite 1770										
	New Orleans, LA 70112										
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.										
	Check if Austin, TX, officeholder living expense										
	Fundraising										
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
expenditure to benefit C/C	н										

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment									
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 6/47 Rpt: 38/79	Kinard Jr., Steve A. (Mr.) 00087774								
4 Date	5 Payee name								
08/15/2024	Anedot, Inc								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$17.34	1340 Poydras Street								
+21101	Suite 1770								
	New Orleans, LA 70112								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
EXPENDITORE	Check if Austin, TX, officeholder living expense								
	Fundraising								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								
Date	Payee name								
08/16/2024	Anedot, Inc								
Amount (\$) Payee address; City; State; Zip Code									
\$46.23	1340 Poydras Street								
	Suite 1770								
	New Orleans, LA 70112								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF	Fees Check if travel outside of Texas. Complete Schedule T.								
EXPENDITURE	Check if Austin, TX, officeholder living expense								
	Fundraising								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O									
Dete									
Date	Payee name								
08/17/2024	Anedot, Inc								
Amount (\$)	Payee address; City; State; Zip Code								
\$1.22	1340 Poydras Street								
	Suite 1770								
	New Orleans, LA 70112								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officeholder living expense								
	1.22								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITUR Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Ge	se Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/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	Sch: 7/47 Rpt: 39/79	2	Kinard Jr., Steve A. (Mr.)					00087774			
1	Date	5									
4	08/18/2024	5	Payee name Anedot, Inc								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	1e					
ľ	\$47.09	Ľ	1340 Poydras Street	Olule,	, zip 00						
	Φ47.03		-								
	Suite 1770										
	New Orleans, LA 70112										
8	PURPOSE	(a)	Category (See Categories listed at the	ne ton of this sch	(aluba	(b) Description					
	OF		Fees		icuuic)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	, ТХ	, officeholder living) expense		
						Fundraising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office he	əld		
	Date		Payee name								
	08/19/2024		Anedot, Inc								
	Amount (¢)	-		Stata	; Zip Co						
	Amount (\$)		Payee address; City;	Sidle,	, zip co	le					
	\$5.09		1340 Poydras Street								
			Suite 1770								
			New Orleans, LA 70112								
	PURPOSE	(a)	Category (See Categories listed at the	o top of this sch	odulo)	(b) Description					
	OF	Ľ	Fees		ieuuie)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	, тх	, officeholder living) expense		
						Fundraising					
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	(Dffice sou	aht		Office he	eld		
	expenditure to benefit C/Oł	н				j					
		<u> </u>									
	Date		Payee name								
	08/20/2024		Anedot, Inc								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$11.55		1340 Poydras Street								
			Suite 1770								
			New Orleans, LA 70112								
	PURPOSE OF	(a)	Category (See Categories listed at t	ne top of this sch	nedule)	(b) Description					
	EXPENDITURE		Fees					ide of Texas. Com			
							, IX	, officeholder living	j expense		
						Fundraising					
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	-1									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	EXPENSE Expense morials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/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	Sch: 8/47 Rpt: 40/79	 	Kinard Jr., Steve A. (N	r.)				00087774			
4	Date	5	Payee name	,							
-	08/21/2024	ľ	Anedot, Inc								
6	Amount (\$)	7	Payee address; City;	State [.]	Zip Co	10					
ľ	\$5.05	Ľ	1340 Poydras Street	oluic,	210 00						
	φ0.00		-								
	Suite 1770										
			New Orleans, LA 7011	2							
8	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description					
	OF		Fees		,	Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	I, TX	, officeholder living	j expense		
						Fundraising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder na	ne C	Office sou	ght		Office he	eld		
	Date		Payee name								
	08/22/2024		Anedot, Inc								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$23.64		1340 Poydras Street		•						
	+=0.0.		Suite 1770								
				_							
			New Orleans, LA 7011	.2							
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees					ide of Texas. Com			
							I, TX	, officeholder living) expense		
						fundraising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	ght		Office he	eld		
	_	_									
	Date		Payee name								
	08/23/2024		Anedot, Inc								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$7.01		1340 Poydras Street								
			Suite 1770								
			New Orleans, LA 7011	2							
	PURPOSE				<u> </u>	(b) Decerintian					
	OF	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description	outs	ide of Texas. Com	nlete Schedule T		
	EXPENDITURE		Fees					, officeholder living			
						Fundraising	,	,3	,		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder na	mo C	Office sou	abt		Office he	ald		
	expenditure to benefit C/Oł					JIIC		Once he	5iu		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	e Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	wment/Reimbursement rhead/Rental Expense pense pense ages/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		 ²						ľ	00087774			
	Sch: 9/47 Rpt: 41/79		Kinaru Jr., S	Steve A. (Mr.)					00087774			
4	Date	5	Payee name									
	08/24/2024		Anedot, Inc									
6	Amount (\$)	nount (\$) 7 Payee address; City; State; Zip Code										
	\$1.81		1340 Poydra									
	+=:0=		Suite 1770									
	New Orleans, LA 70112											
			New Orlean	s, LA 70112								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees				Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	LAFENDITORE							I, TX	, officeholder living) expense		
							Fundraising					
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н										
-	Date	<u> </u>	Davias nama									
	08/26/2024		Payee name									
	00/20/2024		Anedot, Inc									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$1.30		1340 Poydra	as Street								
			Suite 1770									
			New Orlean	s. LA 70112								
	PURPOSE		_				(b) Decerimtics					
	OF	(a)		e Categories listed at th	e top of this sch	iedule)	(b) Description	outs	ide of Texas. Com	nlete Schedule T		
	EXPENDITURE		Fees						, officeholder living	•		
							Fundraising					
							g					
_	Complete ONLY if direct		Condidate/Offi	ceholder name		Office sou	abt.		Office he	ald		
	expenditure to benefit C/Oł		Januluale/Olin		(Juice Sou	gin		Once ne	siu		
		_										
	Date		Payee name									
	08/27/2024		Anedot, Inc									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$43.10		1340 Poydra	as Street								
			Suite 1770									
				- 1 4 70110								
			New Orlean	s, la 70112								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees						ide of Texas. Com			
								і, ТХ	, officeholder living	j expense		
							Fundraising					
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н										

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITUF Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	ise s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense gense ages/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		 ²						ľ		
	Sch: 10/47 Rpt: 42/79		Kinard Jr.,	Steve A. (Mr.)					00087774	
4	Date	5	Payee name	9						
	08/29/2024		Anedot, Inc							
6	Amount (¢)		Davias addre	Citur	Ctoto		do			
6	Amount (\$)	ľ	Payee addre		State	; Zip Co	he			
	\$49.62		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
_							<i>a</i> >			
8	PURPOSE OF	(a)		See Categories listed at	the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	
								1, 1 A	, officeholder living	Jexpense
							Fundraising			
9	Complete ONLY if direct		Candidate/Off	ficeholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Η								
	Date		Payee name	2						
	08/30/2024		Anedot, Inc							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$17.02		1340 Poyd	ras Street						
			Suite 1770							
				ns, LA 70112						
	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	
								1, 1 A	, officeholder living	Jexpense
							Fundraising			
	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/Oł	Н								
	Date		Payee name	2						
	08/31/2024		Anedot, Inc							
	Amount (\$)		Payee addre		State	; Zip Co	de			
	\$1.77		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
	DUDDOCE	10				i	(b) D			
	PURPOSE OF	(a)		See Categories listed at	the top of this sch	nedule)	(b) Description			ulata Oshadula T
	EXPENDITURE		Fees						ide of Texas. Com , officeholder living	
								1, 1 A	, onicendider hving	Jexpense
							Fundraising			
	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Η								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E e Legal Services The Instruction Gui	xpense	Loan Repa Office Ove 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	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 EU F					2	Filer ID	(Ethics Commission Filers)		
1							 				
	Sch: 11/47 Rpt: 43/79		ard Jr., Steve A. (Mr.)					00087774			
4	Date	5 Pay	ee name								
	09/01/2024	Ane	edot, Inc								
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Co	de					
	\$17.02	-	0 Poydras Street								
	+		te 1770								
		Nev	v Orleans, LA 70112								
8	PURPOSE	(a) Cate	egory (See Categories listed at the	top of this sche	edule)	(b) Description					
	OF EXPENDITURE	Fee	S			Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	LAFENDITORE						і, ТХ	, officeholder living) expense		
						Fundraising					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	0	office sou	Jht		Office he	eld		
	Date	Pay	ee name								
	09/02/2024	Ane	edot, Inc								
_	Amount (\$) Payee address; City; State; Zip Code										
	\$10.73	-	0 Poydras Street	otato,	2.0 00						
	φ10.75		-								
		Sui	te 1770								
		Nev	v Orleans, LA 70112								
	PURPOSE	(a) Cate	egory (See Categories listed at the	top of this sche	edule)	(b) Description					
	OF EXPENDITURE	Fee			,	Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE						I, TX	, officeholder living	l expense		
						Fundraising					
	Complete ONLY if direct	Cand	idate/Officeholder name	0	office sou	jht		Office he	eld		
	expenditure to benefit C/OI	H									
_	Data	Dev									
	Date	-	ee name								
	09/03/2024	Ane	edot, Inc								
	Amount (\$)	Pay	ee address; City;	State;	Zip Co	de					
	\$45.16	134	0 Poydras Street								
		Sui	te 1770								
		Nev	v Orleans, LA 70112								
	BUBBAAF					4 x = x + x					
	PURPOSE OF		egory (See Categories listed at the	top of this sche	edule)	(b) Description		de ef Teurs Orm	ulata Oshadula T		
	EXPENDITURE	Fee	S					ide of Texas. Com , officeholder living			
						Fundraising	, 17		j expense		
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	0	office soug	jht		Office he	eld		
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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITU Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	nse s Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)
1								l 3		
	Sch: 12/47 Rpt: 44/79		Kinard Jr.,	Steve A. (Mr.)					00087774	
4	Date	5	Payee name	9						
	09/04/2024		Anedot, Inc							
6	Amount (¢)				Ctoto	. 7in Co				
0	Amount (\$)		Payee addre	-	State,	; Zip Co	ue			
	\$3.60		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
_		<u> </u>								
8	PURPOSE OF			See Categories listed at	the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	•
								, TX,	, officeholder living	j expense
							Fundraising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Off	ïceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name	2						
	09/05/2024		Anedot, Inc	2						
	Amount (ft)				Ctoto	, Zin Co	do			
	Amount (\$)		Payee addre	-	State	; Zip Co	ue			
	\$145.80		1340 Poyd	ras Street						
			Suite 1770							
			New Orlea	ns, LA 70112						
	BUBBAAE	_					4 X			
	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com	
								, IX,	, officeholder living	j expense
							Fundraising			
	Complete ONLY if direct	C	andidate/Off	iceholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								
-	Data	1								
	Date		Payee name							
	09/06/2024		Anedot, Inc	;						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$10.34		1340 Poyd	ras Street						
			-							
			Suite 1770							
			New Orlea	ns, LA 70112						
	PURPOSE	(a)	Category /s	See Categories listed at	the top of this sch	nedule)	(b) Description			
	OF		Fees	inter entry inter notice in		iouulo)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		1000				Check if Austin	, тх	, officeholder living	j expense
							Fundraising			
							9			
						2.4%				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	corpenditure 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 13/47 Rpt: 45/79		Kinard Jr., Steve A. (Mr.)					00087774			
4	Date	5	Payee name				<u> </u>				
	09/07/2024		Anedot, Inc								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$20.02		1340 Poydras Street								
			Suite 1770								
			New Orleans, LA 70112								
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sche	edule)	(b) Description					
	EXPENDITURE		Fees					ide of Texas. Com , officeholder living			
						Fundraising	, 17	, onicentilaer inving	expense		
						runuruising					
0	Complete ONLY if direct		Candidate/Officeholder name		Office soug	lbt		Office he	ld		
9	expenditure to benefit C/OF		Landidate/Oniceholder hame	C	JIICE SOU	n it		Once he	au		
	Date		Payee name								
	09/08/2024		Anedot, Inc								
-	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$2.52		1340 Poydras Street								
	+==		Suite 1770								
			New Orleans, LA 70112								
	PURPOSE OF	(a)	Category (See Categories listed at the Fees	top of this sche	edule)	(b) Description Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austir	I, TX	, officeholder living	expense		
						Fundraising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office he	ld		
-	Date		Payee name								
	09/09/2024		Anedot, Inc								
_	Amount (\$)		Payee address; City;	Stato:	Zip Co	10					
	\$2.30			Siale,							
	φ2.30		1340 Poydras Street								
			Suite 1770								
			New Orleans, LA 70112								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Fees					ide of Texas. Com			
							I, TX	, officeholder living	expense		
						Fundraising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office he	eld		
		_					_				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	nsportation Equipment & Related Expense vel in District									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis	sion Filers)									
1			ssion r liers)									
	Sch: 14/47 Rpt: 46/79	Kinard Jr., Steve A. (Mr.) 00087774										
4	Date	5 Payee name										
	09/11/2024	Anedot, Inc										
6	Amount (\$)	(\$) 7 Payee address; City; State; Zip Code										
ľ	\$300.60											
	φ300.00											
		Suite 1770										
		New Orleans, LA 70112										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF	Fees										
	EXPENDITURE	Check if Austin, TX, officeholder living expense										
		Fundraising										
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OI	JH										
	Date	Payee name										
	09/13/2024	Anedot, Inc										
	Amount (\$)	Payee address; City; State; Zip Code										
	.,											
	\$20.30											
		Suite 1770										
		New Orleans, LA 70112										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF	Fees										
	EXPENDITURE	Check if Austin, TX, officeholder living expense										
		Fundraising										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/Oł	• • • • • • • • • • • • • • • • • • •										
_	D											
	Date	Payee name										
	09/14/2024	Anedot, Inc										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2.42	1340 Poydras Street										
		Suite 1770										
		New Orleans, LA 70112										
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.										
		Check if Austin, TX, officeholder living expense										
		Fundraising										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	EXPENDITU Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimburser head/Rental Expe iense pense ages/Contract Lab	ense bor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2							2	Filer ID	(Ethics Commission Filer	rc)
1		 ²										5)
	Sch: 15/47 Rpt: 47/79		Kinard Jr.,	Steve A. (Mr.)						00087774		
4	Date	5	Payee name	;								
	09/15/2024		Anedot, Ind	2								
6	Amount (\$)	7	Payee addre	ess; City;	Stato	; Zip Co	ho					
ľ		ľ			Siale	, zip co	Je					
	\$8.65		1340 Poyd									
			Suite 1770									
			New Orlea	ns, LA 70112								
8	PURPOSE	(a)	Category (s				(b) Descriptio	on				
ľ	OF	```	Fees	See Categories listed at	the top of this sch	iedule)			outsic	te of Texas. Com	plete Schedule T.	
	EXPENDITURE		LEE2							officeholder living		
							Fundrais			-		
								5				
_										011		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	(Office sou	int			Office he	210	
	Date		Payee name	9								
	09/16/2024		Anedot, Ind	5								
-	Amount (\$)	-	Payee addre		Stato	; Zip Co	to					
	.,			-	State	, zip co						
	\$60.60		1340 Poyd	ras Street								
			Suite 1770									
			New Orlea	ns, LA 70112								
	PURPOSE	(a)	Category (s	See Categories listed at	the ten of this coh	odulo)	(b) Descriptio	on				
	OF	Ľ	Fees	see Calegones insled al		ieuuie)			outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1000				Check if	if Austin,	TX,	officeholder living	expense	
							Fundrais	sing				
_	Complete ONLY if direct		Candidate/Of	ficeholder name		Dffice sou	nht			Office he	лЧ	
	expenditure to benefit C/OI		Sundiduce				jin			Office In		
		-										
	Date		Payee name	9								
	09/19/2024		Anedot, Ind									
	Amount (\$)	\vdash	Payee addre	ess; City;	State	; Zip Co	de					
	\$31.84		1340 Poyd									
	401.0 4		-									
			Suite 1770									
			New Orlea	ns, LA 70112								
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b) Description	on				
	OF		Fees	Ū		,	Check if	if travel o	outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if	if Austin,	TX,	officeholder living	expense	
							Fundrais	sing				
	Complete ONLY if direct	. (Candidate/Of	ficeholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OI						-					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Sabadula E1:	2 515					12		(Ethics Commission Filers)			
1	Total pages Schedule F1:						3	Filer ID				
	Sch: 16/47 Rpt: 48/79	Kina	ard Jr., Steve A. (Mr.)					00087774				
4	Date	5 Paye	e name									
	09/20/2024	Ane	dot, Inc									
6	Amount (\$)	nt (\$) 7 Payee address; City; State; Zip Code										
0	.,			State,	Zip Cut							
	\$10.30		0 Poydras Street									
		Suit	e 1770									
		Nev	/ Orleans, LA 70112									
8	PURPOSE	(a) Cate	non (Cas Catagorias listed at the	ton of this ocho	dula)	b) Description						
-	OF	Fee		top of this schet	dule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		5			Check if Austir	ı, TX	, officeholder living	expense			
						Fundraising						
9	Complete ONLY if direct		date/Officeholder name	Of	ffice soug	ht		Office he	eld			
	expenditure to benefit C/OI	4										
	Date	Paye	e name									
	09/21/2024	· ·	dot, Inc									
	Amount (¢)			Stato:	Zip Coo							
	Amount (\$)	· ·	ee address; City;	State,	ZIP COU	le						
	\$20.78	134	0 Poydras Street									
		Suit	e 1770									
		Nev	/ Orleans, LA 70112									
	PURPOSE	(a) Cate	gory (See Categories listed at the	ton of this ocho	dula)	b) Description						
	OF	Fee		top of this sched	uule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		5			Check if Austir	1, TX	, officeholder living	expense			
						Fundraising						
	Complete ONLY if direct	L Candi	date/Officeholder name	Of	ffice soug	ht		Office he	h			
	expenditure to benefit C/OI				mee seag			enice n				
	Date	-	e name									
	09/24/2024	Ane	dot, Inc									
	Amount (\$)	Paye	e address; City;	State;	Zip Coo	le						
	\$200.30	134	0 Poydras Street									
			e 1770									
		Nev	/ Orleans, LA 70112									
	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this sched	dule)	b) Description						
	OF EXPENDITURE	Fee	S					ide of Texas. Com				
							1, TX	, officeholder living	j expense			
						Fundraising						
	Complete ONLY if direct		date/Officeholder name	Of	ffice soug	ht		Office he	eld			
	expenditure to benefit C/OI	4										

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 ex	e F	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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: 17/47 Rpt: 49/79		Kinard Jr., Steve A. (Mr.)					00087774	
4	Date	5	Payee name						
	08/21/2024		BJs Restaurant						
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	e			
	\$25.60		1101 N Central Expy						
			Plano, TX 75075						
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this sched	ule) (b) Description			
	OF EXPENDITURE		Food/Beverage Expense		ŕ	Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE						ι, TΧ,	, officeholder living expense	
						Meetup			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Off	fice soug	ht		Office held	
	Date		Payee name						
	09/05/2024		Blaze Media Group						
	Amount (\$)		Payee address; City;	State:	Zip Cod	e			
	\$150.00		6301 Riverside Dr	etato,	p 000	•			
	\$100.00								
			Irving, TX 75039						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Event Expense	f this sched	ule) (ide of Texas. Complete Schedule T. , officeholder living expense	
						Conference			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held	
	Date		Payee name	_	_				
	09/12/2024		Bobbies Social House						
-	Amount (\$)		Payee address; City;	State [.]	Zip Cod	e			
	\$21.45		4520 Frankford Rd	etato,	p 000	•			
	Ψ21.40		Suite 1200						
			Dallas, TX 75287						
	PURPOSE	(a)	Category (See Categories listed at the top of	f this sched	ule)	b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	∩ #	fice soug	ht		Office held	
	expenditure to benefit C/Oł			UII	ice soug				

	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: 18/47 Rpt: 50/79	Kinard Jr., Steve A. (Mr.) 00087774
1	Date	5 Payee name
-	09/18/2024	Bobbies Social House
6	Amount (\$) \$45.01	7 Payee address; City; State; Zip Code 4520 Frankford Rd Suite 1200 Dallas, TX 75287
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetup
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2024	Bobbies Social House
	Amount (\$) \$29.28	Payee address; City; State; Zip Code 4520 Frankford Rd Suite 1200 Dallas, TX 75287
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetup
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	CAMP Political LLC
	Amount (\$) \$4,330.00	Payee address; City; State; Zip Code 401 NE 46th Street 401 NE 46th Street
		Oklahoma City, OK 73105
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pushcards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

				EXPEND	ITURE CATEGO	RIES FOF	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in By - Gitt/Awards/Memorials Expense Printing Expense Travel 0						Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2	FILER NAM	Ξ				3	Filer ID	(Ethics Commission Filers)		
	Sch: 19/47 Rpt: 51/79		Kinard Jr.,	Steve A. (N	lr.)				00087774			
4	Date	5	Payee name									
	07/15/2024		Caseys Ge	neral Store								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$78.42		8633 Quive	era Road								
			Lenexa, KS	66215								
8	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Travel Out	of District					ide of Texas. Com			
							RNC Conven		, officeholder living N	j expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder na	me C	Office sou	ght		Office he	eld		
	Date		Payee name									
	09/02/2024		Central Ma	rket								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$159.98		320 Coit R	-								
			Plano, TX	75075								
	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beve	rage Expen	se			ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense				
							Meetup	, TX,	, officeholder living	j expense		
							weetup					
	Complete ONLY if direct		Candidate/Off	iceholder na	me (Office sou	aht		Office he	bld		
	expenditure to benefit C/OI						9					
	Date		Payee name									
	08/12/2024		Cinemark 1									
-	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$2,124.22		1818 Coit F									
			Plano, TX	75075								
	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Event Expe	ense						plete Schedule T.		
							Theatre Rent		, officeholder living	j expense		
							meane Rell	a				
-	Complete ONLY if direct	Ľ	Candidate/Off	iceholder na	me r	Office sou	aht		Office he	ble		
	expenditure to benefit C/OI					2.1100 000	9					
-												

	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	Loan Office Pollin se Printir Salari	Repay Overh g Expe ng Exp es/Wa	ment/Reimbursement lead/Rental Expense inse ense ges/Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	FILER NAME								
	Sch: 20/47 Rpt: 52/79		Kinard Jr., Steve A. (Mr.)					00087774				
4	Date	5	Payee name									
	08/29/2024		Cinemark Theatre									
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	е						
	\$5.94		1818 Coit Rd									
			Plano, TX 75075									
8	PURPOSE			f the sector of the lar	0	b) Description						
Ĩ	OF		Category (See Categories listed at the top of Food/Beverage Expense	of this schedule)	(outsi	de of Texas. Complet	te Schedule T.			
	EXPENDITURE					Check if Austir	η, TX,	officeholder living ex	pense			
						Meetup						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offices	sougl	nt		Office held				
	Date		Payee name									
	09/09/2024		CityWorks Frisco									
	Amount (\$)		Payee address; City;	State; Zip	Cod	е						
	\$25.25		3680 The Star Blvd									
			Suite 1300									
			Frisco, TX 75034									
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schedule)	(b) Description	outei	de of Texas. Complet	to Schodulo T			
	EXPENDITURE		Food/Beverage Expense					officeholder living ex				
						Meetup						
						·						
	Complete ONLY if direct		Candidate/Officeholder name	Office	sougl	nt		Office held				
	expenditure to benefit C/OF	H										
	Date		Payee name									
	09/05/2024		Collin County Republican Party									
	Amount (\$)		Payee address; City;	State; Zip	Cod	e						
	\$500.00		2963 W 15th St									
			Ste 2981									
			Plano, TX 75075									
	DUDDOOF											
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schedule)	(b) Description	outsi	de of Texas. Complet	te Schedule T			
	EXPENDITURE		Event Expense					officeholder living ex				
						Labor Day Pi						
						-						
	Complete ONLY if direct	L	Candidate/Officeholder name	Office	sougl	nt		Office held				
	expenditure to benefit C/OF				0							
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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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/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: 21/47 Rpt: 53/79		Kinard Jr., Steve A. (Mr.)					00087774	
4	Date	5	Payee name						\neg
	09/20/2024		Comet Cleaners						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				\neg
	\$48.63		281 W Campbell Rd						
			Richardson, TX 75080						
8	PURPOSE	(a)			(b)	Description			_
ľ	OF	("	Category (See Categories listed at the top of this sc Event Expense	hedule)	(5)	·	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Clean and pr	ess	s clothes for campaign event	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	09/21/2024		Conoco Waco						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$47.54		4020 S Jack Kultgen Expy						
			Waco, TX 76706						
_	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hodulo)	(b)	Description			
	OF	ľ	Travel Out of District	neuule)	l`´	·	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, TX,	, officeholder living expense	
						Conference			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	lght			Office held	
	-								_
	Date		Payee name						
	07/01/2024		Constant Contact						
	Amount (\$)			e; Zip Co	ode				
	\$12.80		1601 Trapelo Road						
			Waltham, CT 02451						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
							, IX,	, officeholder living expense	
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	l Iaht			Office held	-
	expenditure to benefit C/OI			2	.g.n				
-									

Advertising Expense Accounting Usarking Consulting Expense Consulting Expense Consulting Expense Consulting Expense Consulting Expense Consulting Expense Consulting Expense Consulting Expense Construction Cover Payment Solicitation/Fundicising Expense Paiming Expense SalareSWages/Contract Labor Solicitation/Fundicising Expense Travel in District Travel Out of District OTHER (enter a category not listed above) 4 Date 07/31/2024 2 FLER NAME Kinard Jr., Steve A. (Mr.) 3 Filer ID (Enter Solicitation/Fundicision/Fundic)								
Sch: 22/47 Rpt: 54/79 Kinard Jr., Steve A. (Mr.) 00087774 4 Date 07/31/2024 5 Payee name Constant Contact	5)								
4 Date 07/31/2024 5 Payee name Constant Contact 6 Amount (\$) \$12.80 7 Payee address; City; State; Zip Code 1601 Trapelo Road % Waltham, CT 02451 Waltham, CT 02451 8 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 email									
07/31/2024 Constant Contact 6 Amount (\$) 7 Payee address; City; State; Zip Code \$12.80 1601 Trapelo Road Waltham, CT 02451 Waltham, CT 02451 8 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 email									
6 Amount (\$) 7 Payee address; City; State; Zip Code \$12.80 1601 Trapelo Road Waltham, CT 02451 Waltham, CT 02451 8 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 email									
\$12.80 1601 Trapelo Road Waltham, CT 02451 Waltham, CT 02451 8 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 email									
Waltham, CT 02451 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description									
OF EXPENDITURE Advertising Expense Image: Complete Schedule T. Image: Complete Schedule T. Image: Complete Schedule T. <t< th=""><th></th></t<>									
EXPENDITURE									
email									
Complete ONLY if direct Condidate/Officeholder name Office county									
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held									
Date Payee name									
08/23/2024 Constant Contact									
Amount (\$) Payee address; City; State; Zip Code									
\$13.30 1601 Trapelo Road	1601 Trapelo Road								
Waltham, CT 02451									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Control of the state of the									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held									
	_								
Date Payee name 09/03/2024 Constant Contact									
Amount (\$) Payee address; City; State; Zip Code									
\$58.63 1601 Trapelo Road									
Waltham, CT 02451									
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF A structure of the production of the pr									
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense email									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									

	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: 23/47 Rpt: 55/79	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	07/31/2024	Dallas Jewish Conservatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
-	\$129.58	2530 Reagan St
	<i>Q120.00</i>	
		Apt 3309
		Dallas, TX 75219
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
		Meetup
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	Dallas Jewish Conservatives
⊢		
	Amount (\$)	
	\$300.00	2530 Reagan St
		Apt 3309
		Dallas, TX 75219
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Compared at the top of this schedule? Compared to the compared t
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
_		
	Date	Payee name
	09/16/2024	East Wall Chinese Cuisine
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.83	3033 W Parker Rd
		Suite 214
		Plano, TX 75023
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meetup
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorate to benefit C/OI	

			EXPENDITURE	CATEGOR	RIES 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 Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 24/47 Rpt: 56/79		rd Jr., Steve A. (Mr.)					00087774	``````````````````````````````````````
4	Date 08/12/2024		e name squisite						
6	Amount (\$) \$22.09	680:	e address; City; L Warren Pkwy Ste 101 co, TX 75034	State;	Zip Coo	e			
8	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t d/Beverage Expense	op of this sche	edule)			ide of Texas. Comp , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	С	Office soug	ht		Office he	eld
	Date	Paye	e name						
	07/10/2024	Eila	nd Coffee Canyon Creek						
	Amount (\$)	Paye	e address; City;	State;	Zip Coo	е			
	\$4.33	270	L Custer Pkwy						
		Ste	917						
			ardson, TX 75080						
	PURPOSE OF EXPENDITURE	(a) Cate	gory (See Categories listed at the t d/Beverage Expense	op of this sche	edule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Paye	e name						
	08/20/2024	Fed	Ξx						
	Amount (\$) \$128.81	156 Suite	e address; City; 5 N Central Expy e 100 ardson, TX 75080	State;	Zip Coo	e			
	PURPOSE OF EXPENDITURE		GOTY (See Categories listed at the tr ing Expense	op of this sche	edule)			ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office he	ld

			EXPENDITU	IRE CATEGOF	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria nmittee Legal Services	ense als Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense Jense		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/47 Rpt: 57/79		Kinard Jr., Steve A. (Mr.)					00087774	
4	Date	5	Payee name						
	09/03/2024		FedEx						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$120.69		1565 N Central Expy						
			Suite 100						
			Richardson, TX 75080						
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	odulo)	(b) Description			
-	OF		Printing Expense	a the top of this sche	edule)		outsi	ide of Texas. Comple	ete Schedule T.
	EXPENDITURE		5 1				, тх	, officeholder living e	xpense
						Flyers			
						_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held	1
	Date		Payee name						
	09/09/2024		Fortuna Consulting						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$3,000.00		2200 Victory Avenue						
			Unit 807						
			Dallas, TX 75219						
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Consulting Expense		,			ide of Texas. Comple	
							, TX	, officeholder living e	xpense
						consulting			
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	v.ht		Office held	4
	expenditure to benefit C/OI			C		JIIC		Onice heit	1
	Data	—							
	Date 08/28/2024		Payee name Frogg Coffee						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$2.98		832 Watters Creek Blvd						
			Allen, TX 75013						
	PURPOSE	(a)	Category (See Categories listed a			(b) Description			
	OF		Food/Beverage Expense	a the top of this sche	edule)		outsi	ide of Texas. Comple	ete Schedule T.
	EXPENDITURE					Check if Austin	, тх	, officeholder living e	xpense
						Meetup			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office sou	ght		Office held	t
	experiatione to benefit C/Of								

			EXPENDITURE CATEG	ORIES FOI	R BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District by - Gift/Awards/Memorials Expense Printing Expense Travel Out of District							ipment & Related Expense ct
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID ((Ethics Commission Filers)
	Sch: 26/47 Rpt: 58/79		Kinard Jr., Steve A. (Mr.)					00087774	
4	Date	5	Payee name						
	08/12/2024		GLA Connection LLC						
6	Amount (\$)	7		te; Zip Co	aha				
ľ	\$129.00	ľ	5999 Summerside Dr		Juc				
	Q120.00								
			Dallas, TX 75252						
_					<u>[a</u>				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outoi	de of Texas. Comple	to Sabadula T
	EXPENDITURE		Event Expense					officeholder living ex	
						Outreach			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held	1
	Date		Payee name						
	07/03/2024		Golf Carts of Dallas						
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode				
	\$503.36		700 K Ave						
			Plano, TX 75074						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Event Expense	schedule)	(b)		, TX,	de of Texas. Comple officeholder living ex de	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l ught			Office held	1
	Date		Payee name						
	08/12/2024		Gray Wolf Promotions						
	Amount (\$)		-	te; Zip Co	ode				
	\$606.20		PO Box 92777	, <u></u> p oc					
	+000.20								
			Southlake, TX 76092		ı —				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outei	de of Texas. Comple	to Schodulo T
	EXPENDITURE		Advertising Expense				, тх,	officeholder living ex	
	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	ught			Office held	1
	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	Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/47 Rpt: 59/79	Kinard Jr., Steve A. (Mr.)	00087774
4	Date 08/09/2024	 Payee name Hobby Lobby Plano 	
6	Amount (\$) \$20.69	Payee address; City; State; Zip Code 900A W. 15th St. Plano, TX 75075	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/27/2024	Hold My Chai	
	Amount (\$) \$10.31	Payee address; City; State; Zip Code 5266 Independence Pkwy Suite 110 Frisco, TX 75035	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/15/2024	Hotel Lotus Merriam	
	Amount (\$) \$231.22	Payee address; City; State; Zip Code 9009 Shawnee Mission Pkwy	
		Merriam, KS 66202	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense t ion
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDIT	URE CATEGOR		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 nmittee Legal Services	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	tyment/Rein rhead/Rent bense pense 'ages/Conti	mbursement tal Expense ract Labor		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: 28/47 Rpt: 60/79		Kinard Jr., Steve A. (Mr.))					00087774		
4	Date	5	Payee name								
	07/08/2024		Hotels.com								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$214.52		5400 LBJ Freeway								
			Suite 500								
			Dallas, TX 75240								
_						<i>"</i> 、					
8	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sche	edule)	(b) Des			. (= 0		
	EXPENDITURE		Event Expense						de of Texas. Com officeholder living		
									olitical ever		
						LUC	iging dann	'9 F		it.	
_	Operation ONUNC for the st								0.45	1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	, C	Office sou	gnt			Office he	20	
	Date		Payee name								
	09/09/2024		Jimmy's Big Burgers								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$676.56		1524 Northwest Hwy								
	+010100										
			Garland, TX 75041								
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Des	scription				
	OF EXPENDITURE		Food/Beverage Expense	9					de of Texas. Com		
							Check if Austin, TX, officeholder living expense				
						Me	etup				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	e C	Office sou	ght			Office he	ld	
	Date		Payee name								
	09/16/2024		K Market Grocery								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$291.46		6911 Frankford Rd								
			Suite 600								
			Dallas, TX 75252								
	PURPOSE OF	(a)	Category (See Categories listed		edule)	(b) Des	•	ot-'	de of Toylor Or	alata Cabadula T	
	EXPENDITURE		Food/Beverage Expense	9					de of Texas. Com officeholder living		
								, 1,,	uniceriolder living	expense	
						IVIC	etup				
	0 11 0 0 0 0					1.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	e C	Office sou	ght			Office he	eld	

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)										
Sch: 29/47 Rpt: 61/79	Kinard Jr., Steve A. (Mr.) 00087774										
-											
4 Date	5 Payee name										
07/18/2024	Keepers Press										
6 Amount (\$)	7 Payee address; City; State; Zip Code										
\$1,363.51	1905 Alpha Dr										
	Suite 170										
	Rockwall, TX 75087										
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.										
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.										
	Signs										
	e.g.e										
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held										
expenditure to benefit C/O											
Date	Payee name										
08/19/2024	Keepers Press										
Amount (\$)	Payee address; City; State; Zip Code										
\$1,759.01	1905 Alpha Dr										
<i>41,100101</i>	Suite 170										
	Rockwall, TX 75087										
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.										
	Check if Austin, TX, officeholder living expense Signs										
	Signs										
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held										
Date	Payee name										
08/29/2024	Keepers Press										
Amount (\$)	Payee address; City; State; Zip Code										
\$616.22	1905 Alpha Dr										
	Suite 170										
	Rockwall, TX 75087										
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
signs											
	ี อายุกอ										
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		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials	e Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense 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)			
1	Sch: 30/47 Rpt: 62/79	ľ	Kinard Jr., Steve A. (Mr.)				ľ	00087774				
4	Date	5	Payee name									
	09/19/2024	ľ	Keepers Press									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de						
	\$2,489.75		1905 Alpha Dr									
Suite 170												
	Rockwall, TX 75087											
_	BUBBAAF					4 X						
8	PURPOSE OF	(a)	Category (See Categories listed at th	ne top of this sch	edule)	(b) Description	outoi	ide of Texas. Com	alata Cabadula T			
	EXPENDITURE		Advertising Expense					, officeholder living				
						signs	, 17,	, onicentitider inning	expense			
						olgho						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held												
	Date		Payee name									
	08/13/2024		Lavon Farms									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$20.00		3721 Jupiter Road									
			Plano, TX 75074									
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Com				
							, TX,	, officeholder living	expense			
						Meetup						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office he							eld			
	expenditure to benefit C/OI											
	Date		Payee name									
	08/12/2024		Lockhart Smokehouse									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$30.14		1026 East 15th Street									
			Plano, TX 75074									
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense			Check if travel	outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE						, TX,	, officeholder living	expense			
						Meetup						
	Complete ONLY if direct		Candidate/Officeholder 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		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials nmittee Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	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: 31/47 Rpt: 63/79		Kinard Jr., Steve A. (Mr.)					00087774					
4	Date	5	Payee name										
	09/26/2024		Love & War in Texas										
6	Amount (\$) 7 Payee address; City; State; Zip Code												
\$33.15 601 E Plano Pkwy,													
	Plano, TX 75074												
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.					
						Meetup	ι, TΧ,	, officeholder living expense					
						Meetup							
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	iht		Office held					
	expenditure to benefit C/OF					,							
	Date		Payee name										
	08/12/2024		Maddskillz Media										
_	Amount (\$)	┢	Payee address; City;	State:	Zip Co	le							
	\$531.25		130 Maverick Ln	,									
			Pilot Point, TX 76258										
	PURPOSE	(a)	Category (See Categories listed at	the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.					
						Merchandise		, officeholder living expense					
						Merchandise							
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	iht	Office held						
	expenditure to benefit C/OI												
-	Date		Payee name										
	09/20/2024		Manny's Tex Mex										
	Amount (\$)		Payee address; City;	State;	Zip Co	le							
	\$24.57		7601 Campbell Rd										
			Suite 725										
			Dallas, TX 75248										
	PURPOSE	(a)	Category (See Categories listed at	4h - 4 6 4h h		(b) Description							
	OF	(")	Food/Beverage Expense	the top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE		r ood/Develage Expense			Check if Austin	n, TX,	, officeholder living expense					
						Meetup							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide	nse F	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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: 32/47 Rpt: 64/79		Kinard Jr., Steve A. (Mr.)					00087774					
4	Date		Payee name										
	08/16/2024		McNamara, Denise										
6	Amount (\$)		Payee address; City;	State;	Zip Coo	e							
\$2,000.00 8212 Agarito Way													
	Dallas, TX 75252												
8	PURPOSE	(a)	Category (See Categories listed at the top	o of this schedu	ule)	b) Description							
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.					
	-					Campaign M		, officeholder living expense					
						Campaign	une	2901					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held													
	Date		^D ayee name										
	09/16/2024		McNamara, Denise										
	Amount (\$)		Payee address; City;	State;	Zip Coo	e							
	\$2,500.00		3212 Agarito Way										
			Dallas, TX 75252										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Consulting Expense	o of this schedu	ule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense AGET					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held					
	Date		Payee name										
	08/13/2024		Mudleaf Coffee										
	Amount (\$)		Payee address; City;	State;	Zip Coo	e							
	\$8.93		3100 Independence Pkwy		·								
			Plano, TX 75075										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	o of this sched	ule)			ide of Texas. Complete Schedule T.					
						Meetup	ı, ı A,	, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office C Polling Printing Salaries	Expension Expension Expersion S/Wage	nse es/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: 33/47 Rpt: 65/79		Kinard Jr., Steve A. (Mr.)					00087774					
4	Date	5	Payee name										
	08/19/2024		Mudleaf Coffee										
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	Code								
	\$40.00												
	Plano, TX 75075												
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description							
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.					
							, TX,	, officeholder living expense					
						Meetup							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought	t		Office held					
	Date		Payee name										
	09/19/2024		Mudleaf Coffee										
_	Amount (\$)		Payee address; City; S	tate; Zip C	Code								
	\$7.04 3100 Independence Pkwy												
	¢1.0+												
			Plano, TX 75075										
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description							
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.					
							, TX,	, officeholder living expense					
						Meetup							
	Complete ONLY if direct		Candidate/Officeholder name	Office so		+		Office held					
	expenditure to benefit C/OI			Once so	Jugin	L		Office field					
_	Date	_	Payee name										
	09/26/2024		Mudleaf Coffee										
	Amount (\$)		Payee address; City; S	tate; Zip C	-ode								
	\$12.45		3100 Independence Pkwy		Jouc								
	φ12.40		Site independence i kwy										
			Plano, TX 75075										
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description							
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.					
							, TX,	, officeholder living expense					
						Meetup							
	Complete ONILV & diversit	Ļ	Condidate (Office belder actor	04		•		Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	Jught	L		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gir nmittee Le	ent Expense es od/Beverage Exper ft/Awards/Memorials gal Services he Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens (ages	e /Contract Labor		Transportation E Travel in District Travel Out of Di		e
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 34/47 Rpt: 66/79		Kinard Jr., Ste	eve A. (Mr.)						00087774		
4	Date	5	Payee name									
	07/16/2024	Munewski Pork										
6 Amount (\$) 7 Payee address; City; State; Zip Code												
	\$16.18		1001 N 4th St									
	Milwaukee, WI 53203											
8	PURPOSE OF	(a)	Category (See		the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Beverag	je Expense						de of Texas. Con officeholder livin	nplete Schedule T.	
								RNC Conven			g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Office	holder name	(Dffice sou	ght			Office h	eld	
	Date		Payee name									
	07/19/2024		Munewski Po	rk								
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$16.18		1001 N 4th St									
			Milwaukee, W	/1 53203								
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverag			,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
							Check if Austin, TX, officeholder living expense					
								RNC Conven	tior	1		
			Devedidate (Office							Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	noider name	(Office sou	gnt			Office h	eiu	
	Date		Payee name									
	09/10/2024		Pho Que Hon	a								
	Amount (\$)		Payee address;	-	State	; Zip Co	de					
	\$20.29		2713 W 15th		Oluie,	, zip 00	uc					
	Q20.20		2110 10 1001									
			Plano, TX 750									
	PURPOSE OF	(a)	Category (See	-	the top of this sch	edule)	(b)	Description	outoi	de of Toylog, Com	aplata Cabadula T	
EXPENDITURE Food/Beverage Expense Check if travel outside of Check if travel outside of Check if Austin, TX, office												
								Meetup	,,		3	
-	Complete ONLY if direct	L(Candidate/Office	holder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expl	Office O Polling E Printing E Salaries/	verhea xpens Expens Wage:	se s/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 File	rs)				
	Sch: 35/47 Rpt: 67/79		Kinard Jr., Steve A. (Mr.)					00087774					
4	Date	5	Payee name										
	07/11/2024		Quiktrip Henrietta										
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode								
-	\$38.91		903 E Trudgeon St	·····, p									
	Henrietta, OK 74437												
8	PURPOSE	(a)			(h)	Description							
ľ	OF	(")	Category (See Categories listed at the top of th Travel Out of District	is schedule)			outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense					
						RNC Conven	tior	n					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held					
	Date		Payee name										
	09/24/2024		Red Truck Cafe										
	Amount (\$)		Payee address; City; S	tate; Zip C	ode								
	\$21.20		910 W Parker Rd										
			Suite 101										
			Plano, TX 75075										
_	PURPOSE	(a)	Category (See Categories listed at the top of th	ic cohodulo)	(b)	Description							
	OF	ľ	Food/Beverage Expense	is schedule)			outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE		5				, TX,	officeholder living expense					
						Meetup							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held					
		1											
	Date		Payee name										
	08/29/2024		Rodeo Goat Restaurant										
	Amount (\$)			tate; Zip C	ode								
	\$26.27		3111 Preston Rd										
			Frisco, TX 75034		-								
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description							
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. , officeholder living expense					
						Meetup	, 17,						
						I.							
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office so	L ught			Office held					
	expenditure to benefit C/OI	Н			-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Office C Polling e Printing Salaries	Exper Exper Expe S/Wag	nse es/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (I	Ethics Commission Filers)				
	Sch: 36/47 Rpt: 68/79		Kinard Jr., Steve A. (Mr.)					00087774					
4	Date	5	Payee name				1						
	08/30/2024		Rodeo Goat Restaurant										
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code	2							
-	\$14.06		3111 Preston Rd	<i>,</i> -									
	Frisco, TX 75034												
	DUDDOCE				14								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of Food/Beverage Expense	f this schedule)	(0	Description Check if travel	outsi	ide of Texas. Complet	te Schedule T.				
	EXPENDITURE		Food/Beverage Expense					, officeholder living ex					
						Meetup							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	bugh	t		Office held					
	Date		Payee name										
	08/22/2024		Rogers, Brett										
	Amount (\$)		Payee address; City;	State; Zip C	Code)							
	\$1,000.00 4514 Edinburgh Dr												
			Ū.										
			Tyler, TX 75703		_								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Consulting Expense	f this schedule)	(b			ide of Texas. Complei , officeholder living ex					
						Data	I, IX,	, oncentrater nying ex	pense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	bugh	t		Office held	1				
	Date	Γ	Payee name										
	09/23/2024		Shady's Burgers										
	Amount (\$)		Payee address; City;	State; Zip C	Code	2							
	\$43.67		2701 Custer Pkwy										
			Suite 915										
			Richardson, TX 75080										
	DUDDOCE				0								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	f this schedule)	a) (b	Description Check if travel	outsi	ide of Texas. Complet	te Schedule T.				
	EXPENDITURE		Food/Beverage Expense					, officeholder living ex					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bugh	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 Exp	ense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 37/47 Rpt: 69/79		Kinard Jr., Steve A. (Mr.)					00087774				
4	Date	5	Payee name				I					
	08/09/2024		Shell Service Station									
6	Amount (\$) 7 Payee address; City; State; Zip Code											
\$51.28 699 W Renner Rd												
	Richardson, TX 75080											
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	dule)	(b) Description						
	OF EXPENDITURE		Travel In District		,			ide of Texas. Comp				
							I, TX	, officeholder living	expense			
						Meet voters						
_	Complete ONLY if direct		Sandidata (Office holder name	0	ffing agus	bt.		Office he	ld			
9	expenditure to benefit C/OI		Candidate/Officeholder name	0	ffice soug	III		Once ne	iu			
	Date		Payee name									
	08/26/2024		Shell Service Station									
	Amount (\$)		Payee address; City;	State:	Zip Co	le						
	\$53.74 699 W Renner Rd											
	400.74											
			Richardson, TX 75080									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	dule)	(b) Description						
	EXPENDITURE		Travel In District					ide of Texas. Comp , officeholder living				
						Outreach	I, I A	, onicendider living	expense			
						Oddodda						
	Complete ONLY if direct		Candidate/Officeholder name	Ot	ffice souc	ht		Office he	ld			
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/04/2024		Shell Service Station									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$46.53		699 W Renner Rd									
			Richardson, TX 75080									
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel In District					ide of Texas. Comp				
						Outreach	I, TX	, officeholder living	expense			
						Oureach						
-	Complete ONLY if direct	L	Candidate/Officeholder name	0	ffice soug	ht		Office he	ld			
	expenditure to benefit C/OI				304	,						

	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 Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Pollin ense Printi Salar	Overhe g Expen ig Expe es/Wag	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	FILER I	IAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 38/47 Rpt: 70/79	Kinard	Jr., Steve A. (Mr.)					00087774				
4	Date	Payee r	name				I					
	09/09/2024		ervice Station									
6 Amount (\$) 7 Payee address; City; State; Zip Code												
\$15.90 699 W Renner Rd												
	Richardson, TX 75080											
8	PURPOSE OF		Y (See Categories listed at the to	p of this schedule)	(b) Description						
	EXPENDITURE	Travel	In District					ide of Texas. Com				
						Outreach	1, 1,	, officeholder living	Texpense			
						Culloudin						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Office	sough	t		Office he	əld			
	Date	Payee r	name									
	09/16/2024	Shell S	ervice Station									
	Amount (\$)	Payee a	address; City;	State; Zip	Code	!						
	\$46.96 699 W Renner Rd											
		Richar	dson, TX 75080									
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the to In District	p of this schedule)	(b			ide of Texas. Com , officeholder livin <u>c</u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	e/Officeholder name	Office	sough	t		Office he	eld			
	Date	Payee r	name									
	09/26/2024	Shell S	ervice Station									
	Amount (\$)	Payee a	address; City;	State; Zip	Code							
	\$46.55		Renner Rd									
		Richar	dson, TX 75080									
	PURPOSE OF		Y (See Categories listed at the to	p of this schedule)	(b) Description			alata Cabadula T			
	EXPENDITURE	Travel	In District					ide of Texas. Com , officeholder living				
-	Complete ONLY if direct	Candidat	e/Officeholder name	Office	l	t		Office he	ble			
	expenditure to benefit C/OF	Junulual	o, emechanica nume	Onice	Jouyn			Childe He				
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	EXPENDITU Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ense Ils Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAM	=					3	Filer ID	(Ethics Commission Filers)		
-	Sch: 39/47 Rpt: 71/79	[- Steve A. (Mr.)					ľ	00087774	(,		
4	Date	5	Payee name	1					•				
	09/02/2024		Sonny Bryans										
6 Amount (\$) 7 Payee address; City; State; Zip Code													
	\$168.82												
Suite 240													
Richardson, TX 75080													
8	PURPOSE	(a)		ee Categories listed a	t the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Food/Beve	rage Expense							plete Schedule T.		
									, TX,	officeholder living	g expense		
								Meetup					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	С	Office sou	ight			Office he	eld		
	Date		Payee name	!									
	08/22/2024		Spring Cree	ek BBQ									
	Amount (\$)	-		-	State	· Zin Co	aha						
	\$22.12		270 N Cen	паг Ехру									
			Richardsor	ı, TX 75080			-						
	PURPOSE OF EXPENDITURE	(a)		iee Categories listed a rage Expense	t the top of this sch	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H							Office he	eld			
	_	_											
	Date		Payee name										
	08/19/2024		Staples										
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	ode						
	\$36.37		16817 Coit	Rd.									
			Dallas, TX	75248			ī						
	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Event Expe	ense							plete Schedule T.		
									, TX,	officeholder living	g expense		
								Signage					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ight			Office he	eld		
\vdash													

	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 hmittee Legal Services The Instruction Guide expla	Office Ov Polling E Printing I 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: 40/47 Rpt: 72/79		Kinard Jr., Steve A. (Mr.)					00087774					
4	Date	5	Payee name				I						
	09/23/2024		Starbucks Frankford Rd										
6	Amount (\$)	7	Payee address; City; Si	ate; Zip C	ode								
•	\$10.50		18208 Preston Rd	,р с	cuc								
	Dallas, TX 75252												
_	DUDDOOF	(-)			10.)								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(0)	Description	outsi	de of Texas. Comple	te Schedule T				
	EXPENDITURE		Food/Beverage Expense					officeholder living ex					
						meetup							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught			Office held	l				
	Date		Payee name										
	08/08/2024		Tacodeli Plano										
	Amount (\$)		Payee address; City; Si	ate; Zip C	ode								
	\$13.56		2401 Preston Rd										
			Plano, TX 75093										
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description	outoi	de of Texas. Comple	to Sabadula T				
	EXPENDITURE		Food/Beverage Expense					officeholder living ex					
						meetup							
	Complete ONLY if direct	(Candidate/Officeholder name	Office so	ught	ght Office held							
	expenditure to benefit C/OI	H											
	Date		Payee name										
	09/03/2024		Texas Pool										
	Amount (\$)		Payee address; City; Si	ate; Zip C	ode								
	\$25.00		901 Springbrook Dr										
			Plano, TX 75075		-								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description							
	EXPENDITURE		Event Expense					de of Texas. Comple officeholder living ex					
Meetup													
						· · · /							
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office so	L uaht			Office held					
	expenditure to benefit C/Oł			21100 30	~9m				-				
-													

	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 Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	2	2 FILER NAME						Filer ID	(Ethics Commission Filers)		
	Sch: 41/47 Rpt: 73/79		Kinard Jr.,	nard Jr., Steve A. (Mr.)					00087774			
4	Date	5	Payee name	9								
	07/17/2024		The New F									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$13.21		1001 N 4th St									
			Milwaukee	, WI 53203								
8	PURPOSE	(a)			ed at the top of this sch	adula)	(b) Description					
-	OF			rage Expens		ledule)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE								, officeholder living	j expense		
							RNC Conven	itio	n			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder nan	ne C	Office sou	ght		Office he	eld		
	Date		Payee name	9								
	07/16/2024		The Post F	Restaurant								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$17.83		1001 N 4th	St								
			Milwaukee	, WI 53203								
	PURPOSE OF	(a)	Category (S	See Categories list	ed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Food/Beve	rage Expens	se				ide of Texas. Com , officeholder living			
							RNC Conven			, oxponee		
	Complete ONLY if direct	I (Candidate/Of	ficeholder nan	ne (Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н										
	Date		Payee name	9								
	09/16/2024		Trinity Chri	stian Acade	my							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$14.00		17001 Add	ison Rd								
			Addison, T	X 75001								
	PURPOSE OF	(a)			ed at the top of this sch	nedule)	(b) Description	_				
	EXPENDITURE		Food/Beve	rage Expens	se				ide of Texas. Com			
							Meetup	, 17	, officeholder living) expense		
							meetup					
-	Complete ONLY if direct	L(Candidate/Of	ficeholder nan	ne (Office sou	aht		Office he	eld		
	expenditure to benefit C/OI								2			
-												

	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 Exp Gift/Awards/Memori nmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 42/47 Rpt: 74/79		Kinard Jr., Steve A. (Mr.)					00087774			
4	Date	5	Payee name								
	07/01/2024		Turkish Cafe Plano								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$42.32		8412 Preston Rd								
			Plano, TX 75024								
8	PURPOSE	(a)	Category (See Categories listed	at the ten of this cal	e dule)	(b) Description					
-	OF		Food/Beverage Expense		euule)		outsi	ide of Texas. Comple	ete Schedule T.		
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austin	n, TX,	, officeholder living ex	/ing expense		
						Meet and Gr	eet				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								I			
	Date		Payee name								
	08/13/2024		Turkish Cafe Plano								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$3.85		8412 Preston Rd	·	•						
			Plano, TX 75024								
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Comple			
							1, IX,	, officeholder living ex	kpense		
						Meetup					
	Complete ONIL V if direct		andidata/Officebalder name			.bt		Office held	1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Ĺ	Office sou	JIIL		Office field	I		
_	_	_									
	Date		Payee name								
	07/22/2024		Twitter								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$17.28		1355 Market St								
			Suite 900								
			San Francisco, CA 94103	3							
-	PURPOSE	(a)	Category (See Categories listed	at the ton of this sch	edule)	(b) Description					
	OF	Ľ	Advertising Expense		cuucy		outsi	ide of Texas. Comple	ete Schedule T.		
	EXPENDITURE		5			Check if Austin	n, TX	, officeholder living ex	kpense		
						social media					
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	Jht		Office held	1		
	expenditure to benefit C/OI	Η									

	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: 43/47 Rpt: 75/79		Kinard Jr., Steve A. (Mr.)					00087774			
4	Date	5	Payee name				1				
	08/21/2024		Twitter								
6	Amount (\$)	7	Payee address; City; Si	tate; Zip C	ode						
	\$17.28		1355 Market St	· •							
			Suite 900								
			San Francisco, CA 94103								
8	PURPOSE	(2)			(h)	Description					
Ŭ	OF		Category (See Categories listed at the top of thi Advertising Expense	s schedule)	(5)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense			
						Social Media					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held			
	Date		Payee name								
	09/24/2024		Twitter								
	Amount (\$)		Payee address; City; Si	tate; Zip C	ode						
	\$17.28		1355 Market St								
			Suite 900								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense	· · · · · · ,		Check if travel		de of Texas. Complete Schedule T.			
							, TX,	officeholder living expense			
						social media					
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l			Office held			
	expenditure to benefit C/OF		andidate/Oncerioider name	Once so	uynt			Once neid			
	Data	_									
	Date 08/27/2024		Payee name US Flag and Flagpole								
	Amount (\$)	Payee address; City; State; Zip Code									
	\$251.14		3913 Cross Bend								
			Plano, TX 75023								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description					
	OF EXPENDITURE		US Flags	· · · · · · ,		Check if travel	outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE						, TX,	officeholder living expense			
						Flags					
					Ļ						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			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 Transp Food/Beverage Expense Polling Expense Travel i Gift/Awards/Memorials Expense Printing Expense Travel i							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Fil	ers)		
	Sch: 44/47 Rpt: 76/79		Kinard Jr., Steve A. (Mr.)					00087774			
4	Date	5	Payee name								
	07/16/2024		Uber								
6	Amount (\$)	7	Payee address; City; S	tate; Zip Co	ode						
	\$61.16		1455 Market St								
			Suite 400								
			San Francisco, CA 94103								
8	DUDDOCE				1/6						
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of the Travel Out of District	is schedule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Traver Out of District					, officeholder living expense			
						RNC Conver	ntior	n			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name								
	07/17/2024		Uber								
	Amount (\$)		Payee address; City; S	tate; Zip Co	ode						
	\$41.48		1455 Market St								
			Suite 400								
			San Francisco, CA 94103								
_	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schodulo)	(b) Description					
	OF		Travel Out of District	is senedule)	[outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE							, officeholder living expense			
						RNC Conver	ntior	n			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date		Payee name								
	07/19/2024		Uber								
	Amount (\$)		Payee address; City; S	tate; Zip C	ode						
	\$33.88		1455 Market St								
			Suite 400								
			San Francisco, CA 94103								
-	PURPOSE	(a)	Category (See Categories listed at the top of thi	in antipadrita)	(h) Description					
	OF	(~)	Travel Out of District	is schedule)	(outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense			
						RNC Conver	ntior	n			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ughi	i		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 Expen nittee Legal Services The Instruction Guide e	Sala	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)		
	Sch: 45/47 Rpt: 77/79		Kinard Jr., Steve A. (Mr.)					00087774		
4	Date	5 F	Payee name							
	07/22/2024	l	Jber							
6	Amount (\$)	7 F	Payee address; City;	State; Zip	Cod	e				
	\$32.51	-	L455 Market St							
			Suite 400							
			San Francisco, CA 94103							
8	PURPOSE				1	b) Description				
0	OF		Category (See Categories listed at the top) Fravel Out of District	of this schedule)		Check if travel		ide of Texas. Complete Schedule T. , officeholder living expense		
						RNC Conver	ntio	n		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held								Office held		
	Date	F	Payee name							
	09/20/2024	ι	Jber							
	Amount (\$)	F	Payee address; City;	State; Zip	Cod	e				
	\$42.12	-	L455 Market St							
			Suite 400							
		Ś	San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	of this schedule)	(ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH								
	Date	F	Payee name							
	09/20/2024		Jber							
	Amount (\$)	F	Payee address; City;	State; Zip	Cod	e				
	\$43.69	_	L455 Market St							
		Suite 400								
			San Francisco, CA 94103							
	PURPOSE	(a) (Category (See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
-	Complete ONLY if direct	L Ca	andidate/Officeholder name	Office	soug	ht		Office held		
	expenditure to benefit C/OI				- 31					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e xpense	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 NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 46/47 Rpt: 78/79		Kinard Jr.,	Steve A. (Mr.)					00087774			
4	Date	5	Payee name	•								
	09/23/2024		Uber									
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de					
	\$17.38		1455 Mark	et St								
			Suite 400									
			San Franci	sco, CA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	odulo)	(b) Description					
	OF		Event Expe			euule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE						Check if Austin	, TX	, TX, officeholder living expense			
							travel					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	iceholder name	C	Office sou	ght		Office he	eld		
	Date		Payee name									
	08/09/2024		Union Bea	^r Plano								
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de					
	\$24.65		5880 State	Hwy 121 #101								
			Plano, TX	75024								
	PURPOSE OF EXPENDITURE	(a)		see Categories listed at the rage Expense	e top of this sch	edule)			de of Texas. Com officeholder living			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ïceholder name	C	Office sou	ght		Office he	eld		
-	Date	Γ	Payee name	<u> </u>								
	08/28/2024		VistaPrint									
-	Amount (\$)		Payee addre	ess; City;	State:	; Zip Co	he					
	\$80.08		275 Wyma		State,	, zip co						
	\$00.00			il St								
			Waltham, N	MA 02451								
	PURPOSE OF	(a)		See Categories listed at the	e top of this sch	edule)	(b) Description					
	EXPENDITURE		Printing Ex	pense					de of Texas. Com , officeholder living			
-	Complete ONLY if direct	L	Candidate/Of	iceholder name	<u>с</u>	Office sou	aht		Office he	eld		
	expenditure to benefit C/Oł					2.1100 000	g		Childe He			
-												

		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 Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Poling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	-	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/47 Rpt: 79/79	Kinard Jr., Steve A. (Mr.) 00087774
4	Date	5 Payee name
	07/31/2024	ziptie.com
_		
0	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.91	574 Kennedy Rd
		Akron, OH 44305
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
-	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
		zip tie for signs
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1