FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067801 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kyle J. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Kacal CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6628 MAILING Amount Receipt # **ADDRESS** Change of Address College Station, TX 77805 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** NAME NICKNAME LAST **SUFFIX CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 01/01/2025 **THROUGH** 06/30/2025

Month

ELECTION DATE

State Representative District 12

Year

Day

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

Primary

General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

State Representative District 12

Other

Runoff

Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Kacal, Kyle J. (The H	onorable)	14 Filer ID 00067801	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,152.88
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 8,605.98
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 penalt true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Kyle J. Kacal	l
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 8
18 FILER NAME Kacal, Kyle J. (The Honorable)		19 Filer ID 00067801	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL	CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-K	ND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTION	DNS		\$
4. SCHEDULE E: LOANS			\$
5. X SCHEDULE F1: POLITICAL EXPENDITU	RES FROM POLITICAL CONTRIBUTIONS	5	\$ 4,152.88
6. SCHEDULE F2: UNPAID INCURRED OB	LIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVEST	MENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8. SCHEDULE F4: EXPENDITURES MADE	BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITUR	RES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITI	CAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPEND	TURES FROM POLITICAL CONTRIBUTION	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GA TO FILER	INS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment	Gift/Awards/Memorials Expense Printing E Legal Services Salaries/ The Instruction Guide explains how to co	Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1 Total pages Cabadula F1. Is	<u> </u>	· · · · · · · · · · · · · · · · · · ·	2 Filer ID (Ethics Commission Filer)
1 Total pages Schedule F1: 2 Sch: 1/5 Rpt: 4/8	Kacal, Kyle J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067801
4 Date 5	Payee name		
	American Momentum Bank		
\$5.00	Payee address; City; State; Zip Co 4030 State Highway 6 S., Suite 100 College Station, TX 77845	ode	
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Accounting/Banking	Check if travel or	outside of Texas. Complete Schedule T.
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	. —	TX, officeholder living expense ment fee for campaign account
9 Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ught	Office held
Date	Payee name		
03/31/2025	American Momentum Bank		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$5.00	4030 State Highway 6 S., Suite 100		
	College Station, TX 77845	Las	
1 <u>0</u> E 1	Category (See Categories listed at the top of this schedule)	(b) Description	ustaida af Taura Canadata Cabadula T
EXPENDITURE	Accounting/Banking	. 	outside of Texas. Complete Schedule T. TX, officeholder living expense
		. —	ment fee for campaign account
		Openial states	nem ree for eampaign account
Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sou	l ught	Office held
Date	Payee name		
04/30/2025	American Momentum Bank		
	Payee address; City; State; Zip Co	ode	
` ′	4030 State Highway 6 S., Suite 100	,	
ψυ.υυ	4000 State Highway o S., Suite 100		
	College Station, TX 77845		
I 0E I	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Accounting/Banking	. .	outside of Texas. Complete Schedule T. TX, officeholder living expense
			nent fee for campaign account
		Special Statem	nent lee for campaign account
Complete ONLY if direct	Candidate/Officeholder name	laht.	Office held
Complete <u>ONLY</u> if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sou	igni	Office field
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing 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: 2/5 Rpt: 5/8	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	05/30/2025	American Momentum Bank
6	Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 4030 State Highway 6 S., Suite 100 College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Special statement fee for campaign account
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	American Momentum Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	4030 State Highway 6 S., Suite 100
		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Special statement fee for campaign account
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	B/CS Chamber of Commerce
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1733 Briarcrest Drive, Suite 200
		Bryan, TX 77802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor	Gift/Awards/Memorials Expense Printing Legal Services Salarie The Instruction Guide explains how to	es/Wag	ense ges/Contract Labor	Travel III Di Travel Out OTHER (er		ve)
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	(Ethics Commission	n Filers)
	Sch: 3/5 Rpt: 6/8		Kacal, Kyle J. (The Honorable)			000678	01	
4	Date	5	Payee name					
	04/24/2025		Brazos County Youth Livestock Association					
6	Amount (\$)	7	Payee address; City; State; Zip	Code	е			
	\$1,000.00		P. O. Box 5725					
			Bryan, TX 77805					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	b) Description			
	OF EXPENDITURE		Contributions/Donations Made By		=		Complete Schedule T.	
			Candidate/Officeholder/Political Committee		Donation	TX, officeholder	living expense	
					Bondion			
9	Complete ONLY if direct		Candidate/Officeholder name Office s	<u> </u>		Offic	ce held	
	expenditure to benefit C/O	Н		J				
_	Date		Payee name					
	01/21/2025		GM Financial					
	Amount (\$)		Payee address; City; State; Zip	Code	e			
	\$950.78		Attn: APP DEPT					
			P. O. Box 183621					
			Arlington, TX 76096-3621					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	b) Description			
	OF EXPENDITURE		Transportation Equipment And Related		<u> </u>		Complete Schedule T.	
			Expense		Check if Austin, Rental car for	TX, officeholder	living expense	
					rtental car lor	campaign		
	Complete ONLY if direct		Candidate/Officeholder name Office s	<u>l</u> sough	 nt	Offic	ce held	
	expenditure to benefit C/O	Н		Ū				
	Date		Payee name					
	04/24/2025		Marlin Boys and Girls Club					
	Amount (\$)		Payee address; City; State; Zip	Code	e			
	\$250.00		753 Westwood Dr.					
			Marlin, TX 76661					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	b) Description			
	OF EXPENDITURE		Contributions/Donations Made By		<u> </u>		Complete Schedule T.	
	ZA ZABITORZ		Candidate/Officeholder/Political Committee		Check if Austin, Donation	TX, officeholder	living expense	
					Donation			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	Sonah	 nt	Offic	ce held	
	expenditure to benefit C/O			9'	•	2.110		
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 4/5 Rpt: 7/8	Kacal, Kyle J. (The Honorable) 00067801
4	Date	5 Payee name
	02/24/2025	Seidel Schroeder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$604.00	1575 Crescent Pointe Pkwy
		College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign accounting services
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.85	P. O. Box 4013
	Ψ104.00	1 . O. BOX 4010
		Huntsville, TX 77342-4013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Constituent gifts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.01	P. O. Box 4013
		Huntsville, TX 77342-4013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
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	Operation Chilly III	Openhild to 100% and believe to the control of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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•	Sch: 5/5 Rpt: 8/8			J. (The Honora	ole)				ı	00067801	`		,
4	Date	5 P	ayee name										
	01/24/2025	Т	he Rowe P	roject									
6			ayee address			; Zip Coo	de						
	\$500.00	3	3515 Longm	ire Dr Ste B12	1								
			College Stati	on , TX 77845									
8	PURPOSE			e Categories listed at t		edule)	(b)	Description					
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9	Complete ONLY if direct	Ca	andidate/Offic	eholder name	C	Office soug	ght			Office	held		
	expenditure to benefit C/O						5						
	Date	Р	ayee name										
	01/02/2025		VP Engine										
	Amount (\$)	Р	ayee address	s; City;	State;	; Zip Coo	de						
	\$36.24	5	04 Lavaca	Street									
		S	Suite 1000										
			Vuetin TV 7	R701									
		^	Austin, TX 78	0101									
	PURPOSE				ne top of this sch	edule)	(b)						
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