CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1 of 73	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Ann NICKNAME LAST Kitchen	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2401 Briargrove Austin, TX 78704-2701	CITY; STATE. ZIP CODE	AUSTINACITY RESTRICT	
			PHEC	
	<u> </u>		Receipt # Amount	
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Ken	MI	Date Processed	
NAME			Date Imaged	
	NICKNAME LAST Craig	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 913 B Sirocco Drive Austin, TX 78745	SUITE#; CITY: STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 626-8843	EXTENSION		
8 REPORT TYPE	January 15 30th day before el X July 15 8th day before ele		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year	Month Day	Year	
COVERED	03/07/2014	ROUGH 06/30/20	14	
10 ELECTION	ELECTION DATE ELECTION Month Day Year Print 11/04/2014		General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Austin City Council		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET RG 2

	TOTALO	_	OOVER	OREET PG Z
13 C/OH NAME Kitche	en, Ann		14 ACCOUNT # (E	Ethics Commission filers)
15 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the callout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
additional pages COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	42,068.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00
	4. TOTAL I	POLITICAL EXPENDITURES	\$	39,632.46
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	22,785.54
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	20,700.00
17 AFFIDAVIT				<u> </u>
 	CADA IWAIIAC	I swear, or affirm, under penalty is true and correct and includes		



Signature of officer administering oath

me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE	•	
Sworn to and subscribed before me, by the sof 101, to certify	aid Anne Litchen which, witness my hand and seal of office.	, this the day
Tona Mah	Cara Wallace	4:15pm

Print name of officer administering oath

Title of officer administering oath

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5	52 Report: 3/73	
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Abell, William Hill	:)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/26/2014	6 Contributor address; City; State: Zip Code 1607 Kerr Ave Austin, TX 78704-1424		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Retail store o	ation / Job title (See Instructions) wner	10 Employer (See In: Bicycle Sport Si			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/08/2014	Contributor address; City; State; Zip Code 4000 Pinckney St Austin, TX 78723-5397		\$350.00	 	
					Texas, complete Schedule T)	
	Principal occup Architect	ation / Job title (See Instructions)	Employer (See In McCann Adams			
	Date	Full name of contributor ut-of-state PAC (ID# Alvis, Grant)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/03/2014	Contributor address; City; State; Zip Code 4002 Petes Path Austin, TX 78731-6123		\$250.00 -	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup manager	ation / Job title (See Instructions)	Employer (See In IBM	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/29/2014	Contributor address; City; State; Zip Code 702 San Antonio St Austin, TX 78701-2834		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions) leal Estate Development	Employer (See In Self	structions)	-	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/15/2014	Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln Austin, TX 78731-4049		\$150.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In		<u> </u>	
	N/A retired		N/A - retired			

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/	52 Report: 4/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Beall, Jon	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/08/2014	6 Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746-6902		\$100.00	
					Texas, complete Schedule T)
9	Principal occup Telecom	ation / Job title (See Instructions)	10 Employer (See In TDI	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746-6902		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
		eation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Telecom		TDI		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; City; State; Zip Code 2502 Barton Hills Dr Austin, TX 78704-4506	• • • • • • • • • • • • • • • • • • • •	\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	rexas, complete schedule 17
	retired		Retired		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/10/2014	Contributor address; City; State; Zip Code 603 N Lamar Blvd Austin, TX 78703-5413		\$100.00	
		•		(If travel outside of	Texas, complete Schedule T)
	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In BookPeople	structions)	
	Date	Full name of contributor ut-of-state PAC (ID: Betts, Charlie	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 14741 Arrowhead Dr Volente, TX 78641-9122		\$150.00	
					·
\vdash	Principal occur	ration / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete Schedule T)
	Executive Dir		Downtown Aust		

	The Instruction	N GUIDE explains how to complete this form.	•		1 PAGE# Schedule: 3/9	52 Report: 5/73
2	FILER NAME	Kitchen, Ann			3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state Blakeslee, Lynda	PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8
	06/17/2014	6 Contributor address; City; State; 2 2814 Inridge Dr Austin, TX 78745-5948	Zip Code		\$30.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Manager	ation / Job title (See Instructions)		10 Employer (See In: COA HHS	structions)	
	Date	Full name of contributor	PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2014	Contributor address; City; State; 2 1808 Forestglade Dr Austin, TX 78745-1777	Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In		
	IT Developme	ent Specialist		Whole Foods		
	Date	Full name of contributor	PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/04/2014	Contributor address; City; State; 2 5512 Oakwood Cv Austin, TX 78731-4879	Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)		Employer (See In Retired	structions)	
	Date	Full name of contributor	PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/09/2014	Contributor address; City; State; 2 2100 Southern Oaks Dr Austin, TX 78745-2729	Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Film/PR	ation / Job title (See Instructions)		Employer (See In Blizco Production		
	Date	Full name of contributor	PAC (ID#	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; 2 5000 Woodcreek Rd Austin, TX 78749-2239	Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Community A	ation / Job title (See Instructions) ffairs		Employer (See In State of Texas	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/9	52 Report: 6/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Braun, David	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/05/2014	6 Contributor address; City; State; Zip Code PO Box 1148 Dripping Springs, TX 78620-1148		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Braun & Gresha		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 714 Wayside Dr Austin, TX 78703-4342		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	1 -	<u>-</u>
	CEO		Make a wish		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2324 Westrock Dr Austin, TX 78704-5819		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See In AARP	structions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 4900 Avenue H Austin, TX 78751-2531		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Realtor	pation / Job title (See Instructions)	Employer (See In The Gill Agency		
	Date	Full name of contributor	!	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/12/2014	Contributor address; City; State; Zip Code 452 Spiller Ln West Lake Hills, TX 78746-4437		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Doctor		Seton		

	The Instruction	on Guide explains how to complete this form.		1 PAGE#		
2	EII ED NAME	Kitchen Ann			52 Report: 7/73 (Ethics Commission filers)	
_	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Editos Commission mers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bruch, Joseph	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/17/2014	6 Contributor address; City; State; Zip Code 304 La Vista Austin, TX 78704		\$25.00	 	
					Texas, complete Schedule T)	
9	Principal occup Program anal	ation / Job title (See Instructions) yst	10 Employer (See În: Retired	structions)		
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/05/2014	Contributor address; City; State; Zip Code 3016 Rock Rose Pl Round Rock, TX 78665-3821		\$100.00	1 1	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Insurance	ation / Job title (See Instructions)	Employer (See In: The Buffum Gro			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/26/2014	Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731-2806		\$100.00	 	
		,		(If travel outside of	Texas, complete Schedule T)	
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In n/a			
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip Code 1600 Barton Springs Rd Austin, TX 78704-1081		\$20.00	 	
				1 -	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Burr, Lize	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 4107 Sinclair Ave Austin, TX 78756-3524		\$350.00	 	
				 	Texas, complete Schedule T)	
	Principal occup mother	eation / Job title (See Instructions)	Employer (See In self	structions)		

	The Instruction	on Guide explains how to complete this form.	-	1 PAGE# Schedule: 6/	52 Report: 8/73	
2	FILER NAME	Kitchen, Ann		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC Byrne, Dan	(ID#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)	
	06/14/2014	6 Contributor address; City; State; Zip Co 98 San Jacinto Blvd Austin, TX 78701-4288	de	\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See FBH&H	Instructions)		
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/29/2014	Contributor address; City; State; Zip Co 1005 E 14th St Austin, TX 78702-1022	de	\$25.00	1 	
				<u> </u>	f Texas, complete Schedule T)	
	Principal occup Political Direc	ation / Job title (See Instructions) ttor	Employer (See Travis Count	e Instructions) y Democratic Party		
	Date	Full name of contributor	(1D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/16/2014	Contributor address; City; State; Zip Co 2202 Sunny Slope Dr Austin, TX 78703-1727	de	\$250.00	 	
				<u> </u>	f Texas, complete Schedule T)	
	Principal occup President Aus	ation / Job title (See Instructions) stin Region	Employer (See MHBT Inc.	e Instructions)		
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/23/2014	Contributor address; City; State; Zip Co 1715 Norris Dr Austin, TX 78704-2807	de	\$350.00	1 	
					f Texas, complete Schedule T)	
	Principal occup psychotherap	ation / Job title (See Instructions) ist	Employer (See self	e Instructions)		
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip Co 2405 Dip Cv Austin, TX 78704-4511	de	\$100.00		
	Deineinal accor	gion (lob title (See legis, stiens)	Ft(0		f Texas, complete Schedule T)	
	Civil Enginee	ration / Job title (See Instructions)	Employer (See Castleberry E	e Instructions) Engineering & Cons	ulting P.L.L.C.	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#		
			Schedule: 7/5	52 Report: 9/73	
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID# Cavazos, Perla)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06/30/2014	6 Contributor address; City; State; Zip Code 1108 Fiesta St Austin, TX 78702-3011		\$50.00	 	
			(if travel outside of	Texas, complete Schedule T)	
9 Principal occup Legislative D	pation / Job title (See Instructions) irector	10 Employer (See In Texas Senate	structions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/27/2014	Contributor address; City; State; Zip Code 200 The Cir Austin, TX 78704-2418		\$250.00	 	
	•		(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Consultant		Self			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 7108 Doswell Ln Austin, TX 78739-2042		\$150.00	 	
			L '	Texas, complete Schedule T)	
Principal occuj Not applicabl	pation / Job title (See Instructions) e	Employer (See In Retired	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/31/2014	Contributor address; City; State; Zip Code 2403 Forest Bend Dr Austin, TX 78704-4525		\$25.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occuj Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Clack, Judy	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/09/2014	Contributor address; City; State; Zip Code 2403 Forest Bend Dr Austin, TX 78704-4525		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired			

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	The Instruction	ON GUIDE explains how to complete this form.	<u> </u>	1 PAGE#	52 Report: 10/73
2	FILER NAME	Kitchen, Ann	-	3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≠ Coen, Clara	‡)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	6 Contributor address; City; State; Zip Code 3900 N Lake Shore Dr Chicago, IL 60613-3463		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In none	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/11/2014	Contributor address; City; State; Zip Code 2521 Elara Dr Austin, TX 78725-1773		\$25.00	
				(if trave) outside of	Texas, complete Schedule T)
<u> </u>	Principal occup	Dation / Job title (See Instructions)	Employer (See In	-	Taxaa, complete concease 1,
	Env Consulta		South Llano Str		
	Date	Full name of contributor □ out-of-state PAC (ID# Collier, Brenda and Roger	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; City; State; Zip Code PO Box 41418 Austin, TX 78704-0024		\$500.00	
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Attorney	salari ess line (ecc institucion)	Self	an actions)	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 13501 Bolivia Dr Austin, TX 78729-8054		\$50.00	
				4184	· ·
	Principal occur	pation / Job title (See Instructions)	Employer (See In	. '	Texas, complete Schedule T)
	retired	and the test mandeners,	retired		
	Date	Full name of contributor ut-of-state PAC (ID: Coronado, David	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/04/2014	Contributor address; City; State; Zip Code 3961 Park Gardens Dr Santa Rosa, CA 95404-7611		\$100.00	
L				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		
	Retiree		Not Appplicable	e - Retired	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/5	52 Report: 11/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Craig, Ken)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/20/2014	6 Contributor address; City; State; Zip Code 913B Sirocco Dr Austin, TX 78745-3895		\$350.00	
	·		(If travel outside of	Texas, complete Schedule T)
9 Principal occu Manager	pation / Job title (See Instructions)	10 Employer (See In Tammadge Mai	structions) rket Research Inc	2 .
Date	Full name of contributor ut-of-state PAC (ID# Crews, Joe	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2014	Contributor address; City; State; Zip Code 1606 Rockmoor Ave Austin, TX 78703-2025		\$350.00	1 1 1
			(if travel outside of	Texas, complete Schedule T)
Principal occu lawyer	pation / Job title (See Instructions)	Employer (See In crews law firm	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Crisford, Carla	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/28/2014	Contributor address; City; State; Zip Code PO Box 3446 Austin, TX 78764-3446		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 3199 Catalina Drive Austin, TX 78741-7072		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Crow, Dan	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 2803 Down Cv Austin, TX 78704-4514		\$100.00	
			T	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Self Employed	structions)	

	The Instruction	ом Guide explains how to complete this form.		1 PAGE# Schedule: 10	/52 Report: 12/73			
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ut-of-state PAC (ID# Curry, Michael		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/27/2014	6 Contributor address; City; State; Zip Code 3307 Bryker Dr Austin, TX 78703-1331		\$200.00	 			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Mediator	ation / Job title (See Instructions)	10 Employer (See In Self	structions)				
	Date	Full name of contributor ut-of-state PAC (ID# Danburg, Debra	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/10/2014	Contributor address; City; State; Zip Code 3000 Cedarview Dr Austin, TX 78704-4611		\$100.00] 			
				l '	Texas, complete Schedule T)			
		ation / Job title (See Instructions)	Employer (See In	structions)				
	atty. / State R	tepresentative	retired					
_	0-1-	5 H		T				
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/17/2014	Contributor address; City; State; Zip Code 3000 Cedarview Dr Austin, TX 78704-4611		\$100.00	! !			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occur	ation / Job title (See Instructions)	Employer (See In	1	TOTAL OF THE CONTROL			
		epresentative	retired	istructions)				
	Date	Full name of contributor ut-of-state PAC (ID# Deshotel Sr., Joseph	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/26/2014	Contributor address; City; State; Zip Code 505 Orleans St		\$250.00	 			
		Beaumont, TX 77701-3224			l			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Law Office of Jo					
	Date	Full name of contributor ut-of-state PAC (ID#		Amount of	In kind postribution			
	Date	Donovan, Brian	·	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/08/2014	Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751-1912		\$100.00	1 			
					🗖			
_	Data dia 1			<u> </u>	Texas, complete Schedule T)			
	Principal occup Executive Dir	ation / Job title (See Instructions)	Employer (See In		esistias			
	Executive Dit	c oloi	Austin Coopera	itive Business Ass	ociation			

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/52 Report: 13/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Donovan, Thomas	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/28/2014	6 Contributor address; City; State; Zip Code 1505 Redd St Austin, TX 78745-1047		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup retired	pation / Job title (See Instructions)	10 Employer (See In retired	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/31/2014	Contributor address; City; State; Zip Code 2120 Barton Hills Dr		\$100.00	
	Austin, TX 78704-4621			
Principal occur	pation / Job title (See Instructions)	Employer (See In	•	Texas, complete Schedule T)
	our Consultant	Self	siruciions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 508 Harris Ave		\$100.00	
	Austin, TX 78705-2514		(If travel outside of	Texas, complete Schedule T)
Principal occu Professor	pation / Job title (See Instructions)	Employer (See In University of Te		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 1622 Waterston Ave Austin, TX 78703-3935		\$100.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In retired		
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 1705 Rabb Rd Austin, TX 78704-2811		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Attorney	1 pation / Job title (See Instructions)	Employer (See In GDHM		,

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	//52 Report: 14/73		
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ellis, Ann Marie	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/23/2014	6 Contributor address; City; State; Zip Code 10215 Pinehurst Dr Austin, TX 78747-1113	,	\$50.00	 - -		
9	Principal occup self	ation / Job title (See Instructions)	10 Employer (See In Self	l '	Texas, complete Schedule T)		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/17/2014	Contributor address; City; State; Zip Code 2737 Kinney Oaks Ct Austin, TX 78704-4977		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Political cons	ation / Job title (See Instructions) ultant	Employer (See In Congress avenu	•			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/13/2014	Contributor address; City; State; Zip Code 2500 Flora Cv Austin, TX 78746-6902		\$700.00 [°]	.1 1 1		
					Texas, complete Schedule T)		
	Principal occup Professor	eation / Job title (See Instructions)	Employer (See In UT-San Antonio				
	Date	Full name of contributor ut-of-state PAC (ID# Esparza, Gregory	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/23/2014	Contributor address; City; State; Zip Code 11029 Deep Brook Dr Austin, TX 78726-2444		\$100.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Design & Cor	ation / Job title (See Instructions) astruction	Employer (See In Moontower LLC				
	Date	Full name of contributor	<u>;</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; City; State; Zip Code 2701 Rockingham Dr Austin, TX 78704-3814		\$250.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup retired	vation / Job title (See Instructions)	Employer (See In retired	structions)			

POLITICAL CONTRIBUTIONS

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	OTHER	THAN PLEDGES OR LOAN	NS 		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13/	/52 Report: 15/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Faris, Mary		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/17/2014	6 Contributor address; City; State; Zip Code 2400 Elmglen Dr Austin, TX 78704-3821		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/22/2014	Contributor address; City; State; Zip Code 2335 NW Raleigh St Portland, OR 97210-3731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions) pment consultant	Employer (See In econorthwest	structions)	
_	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 4809 Lansing Dr Austin, TX 78745-1745	,	\$25.00	l `
				(If travel outside of	Texas, complete Schedule T)
	Principal occup IT Consultant	pation / Job title (See Instructions)	Employer (See In Gateway One (
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 3223 Park Hills Dr Rollingwood, TX 78746-5514		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Investments	pation / Job title (See Instructions)	Employer (See In Self/Farrell End		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2014	Contributor address; City; State; Zip Code 1005 Bluebonnet Ln Austin, TX 78704-2003		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir N/A	<u> </u>	, <u></u>

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	/52 Report: 16/73			
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#FEHRENKAMP, Lisa	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/08/2014	6 Contributor address; City; State; Zip Code 1705 Cresthaven Dr Austin, TX 78704-2750		\$100.00	 - -			
L					Texas, complete Schedule T)			
9	Principal occup Practice mana	ation / Job title (See Instructions) ager	10 Employer (See In: Steven H. Fehre	structions) enkamp M.D. P.A	A.			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/19/2014	Contributor address; City; State; Zip Code 2524 Tanglewood Trl Austin, TX 78703-1540		\$350.00	I I 1			
	District	ation / Jak Sile (October 19	- Facility and the same of the	1 '	Texas, complete Schedule T)			
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Reed & Scardin					
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/17/2014	Contributor address; City; State; Zip Code 1013 Harwood PI Austin, TX 78704-2612		\$100.00	1 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup affordable hou	using / Job title (See Instructions)	Employer (See In neighborworks	astructions) america				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/29/2014	Contributor address; City; State; Zip Code 873 Monroe Cir NE Atlanta, GA 30308-1846		\$200.00	1 1 1			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Professor	pation / Job title (See Instructions)	Employer (See In University of Te	J -	<u> </u>			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/17/2014	Contributor address; City; State; Zip Code 6407 Emerald St Austin, TX 78745-4925		\$25.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup retired	pation / Job title (See Instructions)	Employer (See In retired	<u> </u>				
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The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 15	/52 Report: 17/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/08/2014	6 Contributor address; City; State; Zip Code 2404 Burly Oak Dr Austin, TX 78745-5904		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Campaign Ma	pation / Job title (See Instructions) anager	10 Employer (See In Ann Kitchen Ca		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/09/2014	Contributor address; City; State; Zip Code 2404 Burly Oak Dr Austin, TX 78745-5904		\$3.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Campaign Ma	pation / Job title (See Instructions) anager	Employer (See In Ann Kitchen Ca	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 825 W 11th St Austin, TX 78701-2009		\$20.00	}
			(If travel outside of	Texas, complete Schedule T)
Principal occup Health care o	pation / Job title (See Instructions) consultant	Employer (See In self-employed	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (If applicable)
06/30/2014	Contributor address; City: State; Zip Code 1706 Nickerson St Austin, TX 78704-3545		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Executive Dir	pation / Job title (See Instructions) rector	Employer (See In Educate Texas	structions) Communities Fo	undation of Texas
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 1215 W Slaughter Ln Austin, TX 78748-6715		\$25.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup retired	pation / Job title (See Instructions)	Employer (See In N/A	estructions)	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 16	/52 Report: 18/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Foster, Virginia)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/27/2014	6 Contributor address; City: State; Zip Code 1902 Forestglade Dr Austin, TX 78745-1725		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Teacher	pation / Job title (See Instructions)	10 Employer (See In AISD	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Gammon, Bill)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/11/2014	Contributor address; City; State; Zip Code 1201 Spyglass Dr Austin, TX 78746-6924		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney/Men	nation / Job title (See Instructions)	Employer (See In Gammon Law (
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 2404 Forest Bend Dr Austin, TX 78704-4526		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup real estate m	anagement	Employer (See In Gantt Aviation	structions)	-
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 3000 Kerbey Ln Austin, TX 78703-1424		\$20.00	
				,	Texas, complete Schedule T)
	Principal occup Architect / Co	pation / Job title (See Instructions) posultant	Employer (See In Genet Creative	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/02/2014	Contributor address; City; State; Zip Code 2006 Arthur Ln Austin, TX 78704-3236		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In University of Te		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/52 Report: 19/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gibson, Bonnie)	7 Amount of contribution (\$)	8
	06/16/2014	6 Contributor address; City; State; Zip Code 4604 Nevada Path Austin, TX 78745-1622		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup IRS	oation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 6703 Mesa Dr Austin, TX 78731-2817		\$350.00	!
				(if travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	,	Texas, complete schedule 1)
	Foundation A			re Family/ The Se	eton Foundations
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 913 Sirocco Dr Austin, TX 78745-3895		\$20.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Legal Assista	pation / Job title (See Instructions) Int	Employer (See Instructions) Texas Dept of Aging and Disability Services		
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 913 Sirocco Dr Austin, TX 78745-3895		\$350.00	
				(If travel outside of	Texas, complete Schedute T)
	Principal occup Legal Assista	pation / Job title (See Instructions) ant	Employer (See In Texas Dept of A	structions) Aging and Disabili	ty Services
	Date	Full name of contributor □ out-of-state PAC (ID# Graham, Ann	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 3815 Avenue H Austin, TX 78751-4718		\$100.00	}
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occup Arts Administ	Dation / Job title (See Instructions) trator	Employer (See In Self	<u> </u>	
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The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	/52 Report: 20/73		
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Graham, Dan	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/14/2014	6 Contributor address; City; State; Zip Code 9309 Leaning Rock Cir Austin, TX 78730-2731		\$350.00			
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup CEO	ation / Job title (See Instructions)	10 Employer (See In Build A Sign	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Grissom, Joene)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/17/2014	Contributor address; City; State; Zip Code 6603 Shadow Valley Dr Austin, TX 78731-4145		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In				
Public Relation	ons	Grissom & Asso	ociates Inc			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/17/2014	Contributor address; City; State; Zip Code 2607 Pinewood Ter Austin, TX 78757-2136		\$100.00	 -		
Deinsingl	ation / Joh Elle (Oca Jastenstines)		<u> </u>	Texas, complete Schedule T)		
Paralegal	eation / Job title (See Instructions)	Employer (See In Arnold & Assoc				
Date	Full name of contributor ☐ out-of-state PAC (ID# Grover, Rhonda	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/17/2014	Contributor address; City; State; Zip Code 2607 Pinewood Ter Austin, TX 78757-2136		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Paralegal	pation / Job title (See Instructions)	Employer (See In Arnold & Assoc				
Date	Full name of contributor ut-of-state PAC (ID# Grover, Will	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/05/2014	Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756-2912		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Radiologic Te	pation / Job title (See Instructions) echnologist	Employer (See In Seton	structions)			

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 19	//52 Report: 21/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Guy, Linda	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/17/2014	6 Contributor address; City; State; Zip Code 804 Spofford St Austin, TX 78704-1447		\$40.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Healthcare	ation / Job title (See Instructions)	10 Employer (See In Pediatric Care		
	Date	Full name of contributor	!	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 605 Carismatic Ln Austin, TX 78748-2923		\$150.00	
				l '	Texas, complete Schedule T)
		ation / Job title (See Instructions) al Organization Director	Employer (See In SEED Coalition		
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 111 Congress Ave Austin, TX 78701-4093		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Partner	pation / Job title (See Instructions)	Employer (See In Husch Blackwe		-
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hartley, Ann	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/10/2014	Contributor address; City; State; Zip Code 2111 Airole Way Austin, TX 78704-3261		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See Ir Attorney Gener		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hartley, Ann)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2111 Airole Way Austin, TX 78704-3261		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
Н	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	· · · · · ·
	Lawyer	·	Attorney Gener		

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	The Instruction	on Guide explains how to comp	lete this form.		1 PAGE # Schedule: 20	/52 Report: 22/73		
2	FILER NAME	Kitchen, Ann			3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor [Hartman, Greg	☐ out-of-state PAC (ID#	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; C 3307 Winding Creek Dr Austin, TX 78735-1474	City; State; Zip Code		\$350.00	 		
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Healthcare A	ation / Job title (See Instructions Iministration)	10 Employer (See In Seton Healthca				
	Date	Full name of contributor { Hawthorne, Melissa	ut-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/08/2014	Contributor address; C 1403 Foxwood Cv Austin, TX 78704-2718	City; State; Zip Code		\$350.00	I 		
						Texas, complete Schedule T}		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In: Austin Permit S				
_	Date	Full name of contributor [Hebert, Veronica	ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/12/2014	Contributor address; C 3701 Arapahoe Ave Boulder, CO 80303-1079	City; State; Zip Code		\$350.00	 		
		200,000, 00 00000 1070			(If travel outside of	Texas, complete Schedule T)		
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In retired	structions)			
	Date	Full name of contributor [Heidrick, Clarke	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/18/2014	Contributor address; C 3702 Eastledge Dr Austin, TX 78731-5851	City; State; Zip Code		\$200.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions	5)	Employer (See In Graves Dought	structions) terty Hearon Mo	ody		
	Date	Full name of contributor I Heidrick, Clarke	□ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; C 3702 Eastledge Dr Austin, TX 78731-5851	City; State; Zip Code		\$100.00	 		
					(If two years are hered as	(Tayon complete Cabadula 7)		
\vdash	Principal occur	ation / Job title (See Instructions	<u> </u>	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	Attorney	whom the loca instructions	"		terty Hearon Mo	ody		

				
The Instruction	ON GUIDE explains how to complete this form.	_	1 PAGE # Schedule: 21	/52 Report: 23/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Herring, Charles	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/29/2014	6 Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703-4126		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In Herring & Irwin	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Hogg, John	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/22/2014	Contributor address; City; State; Zip Code 1404 Wild Cat Holw West Lake Hills, TX 78746-3622		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup physician	pation / Job title (See Instructions)	Employer (See In Austin Radiolog	structions) jical Association	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2014	Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751-4725		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Judge	pation / Job title (See Instructions)	Employer (See In Travis County	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751-4725	, , , , , , , , , , , , , , , ,	\$100.00	
			<u></u>	Texas, complete Schedule T)
Principal occu Judge	pation / Job title (See Instructions)	Employer (See In Travis County	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 4114 Avenue H Austin, TX 78751-4725		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Judge	pation / Job title (See Instructions)	Employer (See In Travis County	structions)	

	The Instruction	סא Guide explains how to complete this form.		1 PAGE# Schedule: 22	1/52 Report: 24/73	
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Holmes, Harry	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/10/2014	6 Contributor address; City; State; Zip Code PO Box 1191 Houston, TX 77251-1191		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Health care o	pation / Job title (See Instructions) consultant	10 Employer (See In GIS	structions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code PO Box 2286 Jacksonville, TX 75766-0067		\$200.00	! 	
				<u> </u>	Texas, complete Schedule T)	
	Retired	pation / Job title (See Instructions)	Employer (See In retired	istructions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Huber, Karen	<u>;</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/31/2014	Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood, TX 78669-6431		\$250.00	1 1 1	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Research Ass	pation / Job title (See Instructions) sociate	Employer (See In University of Te			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/23/2014	Contributor address; City; State; Zip Code 800 W 5th St Austin, TX 78703-5442		\$100.00	 	
				(If trave) outside of	Texas, complete Schedule T)	
	Principal occup RN editor	pation / Job title (See Instructions)	Employer (See Ir Seton Healthca	nstructions)		
_	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/26/2014	Contributor address; City; State; Zip Code 1822 W 38th St Austin, TX 78731-6137		\$100.00	 	
				(If traval autaida at	Texas, complete Schedule T)	
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	reves, complete schedule 1)	
	Film and vide		Arts+Labor (sel			

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 23	/52 Report: 25/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Johnson, Kim	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/17/2014	6 Contributor address; City; State; Zip Code 2608 Del Curto Rd Austin, TX 78704-6014		\$50.00	
	_			(If travel outside of	Texas, complete Schedule T)
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Ringful Health		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2000 Woodward St Austin, TX 78741-7879		\$15.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	Texas, complete ochedule 17
	retired		retired		
	Date	Full name of contributor ☐ out-of-state PAC (IDa Jones, Melissa	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 2600 Lake Austin Blvd Austin, TX 78703-4427		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup community vo	ation / Job title (See Instructions) Dlunteer	Employer (See In retired	structions)	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2014	Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703-4723		\$50.00	
				l	
	Principal occur	ation / Job title (See Instructions)	Employer /Coo In		Texas, complete Schedule T)
	attorney	ation 7 sub-title (See instructions)	Employer (See In Parula LLC	structions)	
	Date	Full name of contributor ut-of-state PAC (IDE King, Robert	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 4212 Park Hollow Ct Austin, TX 78746-1249		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In		
	Consultant		Good Company	/ Associates	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 24/	/52 Report: 26/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kitchen, Helen	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/26/2014	6 Contributor address; City; State; Zip Code 2401 Briargrove Dr Austin, TX 78704-2701		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Senior Art Th	pation / Job title (See Instructions) erapist	10 Employer (See In Central Manche Trust		espitals NHS Foundation
	Date	Full name of contributor ut-of-state PAC (ID# Kitchen, Joe	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/14/2014	Contributor address; City; State; Zip Code 15827 Stonehaven Dr Houston, TX 77059-4636		\$100.00	
				(154	T
_				1 '	Texas, complete Schedule T)
	Principal occup Engineer	pation / Job title (See Instructions)	Employer (See In United Space A		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 3233 Forest Hill East Rd La Grange, TX 78945-4439		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions) urces Professional	Employer (See In Farm Credit Ba		
	Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1034 Liberty Park Dr Austin, TX 78746-6853		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In retired	structions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 3112 Sunland Dr Austin, TX 78748-2069		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal pages	Astion (Job title (See Instructions)	Employee (Car II	<u>'</u>	Tokas, complete ocheune 1)
	Attorney	pation / Job title (See Instructions)	Employer (See In Texas Comptro	structions) Iler of Public Acco	unts

	 				
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 25	6/52 Report: 27/73
2	FILER NAMÉ	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lambrecht, Ken	<u>+</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/17/2014	6 Contributor address; City; State; Zip Code 6404 Alasan Cv Austin, TX 78730-2734		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup CEO	ation / Job title (See Instructions)	10 Employer (See In PPGT	nstructions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Langley and Eskew, Lynn and Jim	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
·	06/30/2014	Contributor address; City; State; Zip Code 2410 Kathy Cv Austin, TX 78704-4630		\$700.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup physician	vation / Job title (See Instructions)	Employer (See Ir Austin ENT	nstructions)	
	Date	Full name of contributor	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 4701 Ridge Oak Dr Austin, TX 78731-4723		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)	Employer (See Ir retired	nstructions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID≴ Leach, Dawn	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2014	Contributor address; City; State; Zip Code 4614 Hank Ave Austin, TX 78745-1824		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Director Chile	ation / Job title (See Instructions) d Care	Employer (See In ACC	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID# Lehmberg, Rose	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2606 Deerfoot Trl Austin, TX 78704-2716		\$350.00	
	_			(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	nation / Job title (See Instructions)	Employer (See Ir Travis County	nstructions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	/52 Report: 28/73		
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Lernon, Del	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/26/2014	6 Contributor address; City; State; Zip Code 2523 Winsted Ln Austin, TX 78703-1755		\$100.00	 		
	_			(If travel outside of	Texas, complete Schedule T)		
9	Principal occup writer	ation / Job title (See Instructions)	10 Employer (See In ou press	structions)			
	Date	Full name of contributor □ out-of-state PAC (ID# Lewis, Fred and Dawn	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occur	ation / Job title (See Instructions)	Employer (See In	*	Texas, complete ocheddie 17		
		cutive; Nonprofit Manager (Dawn)	Texans Togethe		s in Education (Dawn)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/22/2014	Contributor address; City; State; Zip Code 1200 Barton Hills Dr Austin, TX 78704-1907		\$50.00	 		
		Austin, 17 70704-1907		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Director	ation / Job title (See Instructions)	Employer (See In Globaloria	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/12/2014	Contributor address; City; State; Zip Code 7705 Vail Valley Dr Austin, TX 78749-2929		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Littlefield Const				
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/15/2014	Contributor address; City; State; Zip Code 101 Ridgemont Ct West Lake Hills, TX 78746-5498		\$100.00	 		
				/If humania and alice of	Taura complete Cabadula Ti		
\vdash	Principal occur	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	attorney	Panoris SOU title (See Illistructions)	Employer (See In Bishop London				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 27	/52 Report: 29/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lorenz, Perry)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/22/2014	6 Contributor address; City; State; Zip Code 1311 E 6th St Austin, TX 78702-3368		\$350.00	 - -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Real Estate	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2014	Contributor address; City; State; Zip Code 725 Patterson Ave Austin, TX 78703-4723		\$50.00	
				45	'
					Texas, complete Schedule T)
	attorney	ation / Job title (See Instructions)	Employer (See In Caddo Lake Ins		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2505 Briargrove Dr Austin, TX 78704-2703		\$200.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Life Coach	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/29/2014	Contributor address; City; State; Zip Code 1510 E 11th St Austin, TX 78702-2739		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Union Official	ation / Job title (See Instructions)	Employer (See In Texas AFT	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Mangan, Andrew	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 1600 Barton Springs Rd Austin, TX 78704-1081		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup sustainable d	vation / Job title (See Instructions)	Employer (See In	L	<u> </u>
			Development		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	/52 Report: 30/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Marks, Elena)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 6510 Auden St Houston, TX 77005-4302		\$100.00	† -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup President	ation / Job title (See Instructions)	10 Employer (See In Episcopal Healt		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 3808 Galena Hills Loop Round Rock, TX 78681-1034		\$100.00	
		Nound Nook, 177 7556 19164		(If travel outside of	Texas, complete Schedule T)
	Principal occup	Leation / Job title (See Instructions)	Employer (See In	1 '	Texas, complete concade 1)
	Retired	,	Retired		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code PO Box 2505 Austin, TX 78768-2505		\$350.00	
		Austin, 17, 10100-2000		(If travel outside of	Texas, complete Schedule T)
	Principal occup Director	ation / Job title (See Instructions)	Employer (See In Texas Democra		
	Date	Full name of contributor	+)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 4000 Pinckney St Austin, TX 78723-5397		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup architect	ation / Job title (See Instructions)	Employer (See In McCann Adams		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 4000 Pinckney St Austin, TX 78723-5397		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		
	architect		McCann Adams	s Studio	

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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 29	9/52 Report: 31/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: McDonald, Joyce	4)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/26/2014	6 Contributor address; City; State; Zip Code 123 Saguaro Dr Buda, TX 78610-3262	.,	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Executive D	upation / Job title (See Instructions) irector	10 Employer (See In Frameworks Co		oment Corporation
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 5503 Ridge Oak Dr Austin, TX 78731-4817		\$50.00	! !
			115 4	,
Principal occi	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
retired	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	retired	,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2014	Contributor address; City; State; Zip Code 4101 Parkstone Hts Austin, TX 78746-7485		\$100.00	
			1 '	Texas, complete Schedule T)
Principal occi Real Estate	upation / Job title (See Instructions) Dev	Employer (See In Diana McIver &		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/08/2014	Contributor address; City; State; Zip Code 2507 Bluffview Dr Austin, TX 78704-5824	• • • • • • • • • • • • • • • • • • • •	\$350.00	[[[
			(If travel outside of	Texas, complete Schedule T)
	upation / Job title (See Instructions) cy Administrator	Employer (See In Retired	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/23/2014	Contributor address; City; State; Zip Code 3502 Bridle Path Austin, TX 78703-2608		\$100.00	
			(If travel outside of	f Texas, complete Schedule T)
,	upation / Job title (See Instructions)	Employer (See In		<u> </u>
attorney		Dan McNamara	3	

The instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 30	/52 Report: 32/73	
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mehdy, Mona	<u>#</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06/17/2014	6 Contributor address; City; State; Zip Code 5004 Smokey Mountain Dr Austin, TX 78727-5734		\$20.00	1 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu professor	pation / Job title (See Instructions)	10 Employer (See In Univ TX Austin	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 2504 Briargrove Dr Austin, TX 78704-2704		\$25.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup psychotherap	pation / Job title (See Instructions) bist	Employer (See In retired	structions)		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/17/2014	Contributor address; City; State; Zip Code 7605 Clydesdale Dr Austin, TX 78745-6706		\$50.00	! 	
		·	(If travel outside of	Texas, complete Schedule T)	
Principal occu Consultant	pation / Job title (See Instructions)	Employer (See In Civic Collabora			
Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 7605 Clydesdale Dr Austin, TX 78745-6706		\$50.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Consultant	pation / Job title (See Instructions)	Employer (See In Civic Collaborat			
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/06/2014	Contributor address; City; State; Zip Code 4702 Shadow Ln Austin, TX 78731-5335		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu investor	pation / Job title (See Instructions)	Employer (See In self-employed	structions)		

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The Instruction Guide explains how to complete this for	n. 1 PA	AGE # chedule: 31/52 Report: 33/73
2 FILER NAME Kitchen, Ann		CCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-standard Mockley, Robert		mount of 8 In-kind contribution ribution (\$) description (if applicable)
06/28/2014 6 Contributor address; City; State; PO Box 41418 Austin, TX 78704-0024	Zip Code	\$350.00
	(If trav	vel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Chief Technology Officer	10 Employer (See Instructio A New Path	ns)
Date Full name of contributor out-of-sta		mount of In-kind contribution ribution (\$) description (if applicable)
05/22/2014 Contributor address; City; State; 3301 Stratford Hills Ln Austin, TX 78746-4686	Zip Code	\$350.00
	(If tray	vel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructio	
retired	retired	
Date Full name of contributor ☐ out-of-sta Moorhead, Barbara		mount of In-kind contribution ribution (\$) description (if applicable)
06/30/2014 Contributor address; City; State; 4300 Rosedale Ave Austin. TX 78756-3222	Zip Code	\$25.00
		vel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Executive Director	Employer (See Instructio Texas Impact	ns)
Date Full name of contributor ☐ out-of-standardy, Bill		mount of In-kind contribution ribution (\$) description (if applicable)
06/17/2014 Contributor address; City; State; 1004 Jousting PI Austin, TX 78746-5132	Zip Code	\$350.00 I
	(If trav	vel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Engineer	Employer (See Instructio King Engineering	ns)
Date Full name of contributor ☐ out-of-standard Morrison, Philip		mount of In-kind contribution (ribution (\$) description (If applicable)
06/15/2014 Contributor address; City; State; 610 Baylor St Austin, TX 78703-5349	Zip Code	\$350.00
	/if trai	vel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Professor	Employer (See Instruction University of Texas	

	The Instruction	on Guide explains how to complete this form.		1 PAGE#	WEQ. Donort: 24/72		
2	FILER NAME	Kitchen, Ann		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mota, Xevior	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/17/2014	6 Contributor address; City; State; Zip Code 2405 Burly Oak Dr Austin, TX 78745-5903		\$25.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Printing Craft	ation / Job title (See Instructions) man	10 Employer (See In Retired	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 2405 Burly Oak Dr Austin, TX 78745-5903		\$25.00	i 		
		Tablin, IX 101 10 0000		(If travel outside of	Texas, complete Schedule T)		
		nation / Job title (See Instructions)	Employer (See In	structions)	·		
	Printing Craft	man	Retired				
	Date	Full name of contributor	(Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 3213 French Pl Austin, TX 78722-1917		\$200.00	! !		
	,	() () () () () () () () () ()		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Professor	ation / Job title (See Instructions)	Employer (See In University of Te				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/10/2014	Contributor address; City; State; Zip Code 7407 Whispering Winds Dr Austin, TX 78745-5247		\$25.00	[
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup lawyer	ation / Job title (See Instructions)	Employer (See In Johncy Mundo	nstructions)			
	Date	Full name of contributor ut-of-state PAC (ID# Nation, Beverly	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/31/2014	Contributor address; City; State; Zip Code 3120 Above Stratford PI Austin, TX 78746-4600		\$100.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> L' </u>			
	Retired		None None	ou outling,			

The Instruction Guide explains how to complete this form.					1 PAGE# Schedule: 33/52 Report: 35/73				
2	FILER NAME	Kitchen, Ann			3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor Neavel, Nancy	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/22/2014	6 Contributor address; 2905 Scenic Dr Austin, TX 78703-1042	City; State; Zip Code		\$50.00	 			
					(If travel outside of	Texas, complete Schedule T)			
9	Principal occup behavioral sc	ation / Job title (See Instruction ientist	ns)	10 Employer (See In retired	structions)				
	Date	Full name of contributor Neely, Mary Ann	☐ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/17/2014	Contributor address; 1908 Barton Pkwy Austin, TX 78704-3212	City; State; Zip Code		\$100.00	 			
		Austin, 12 76704-3212			(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)				
retired				retired					
	Date	Full name of contributor Nichols, Sandra	□ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/23/2014	Contributor address; 1801 Lavaca St Austin, TX 78701-1341	City; State; Zip Code		\$50.00	 			
		7. (30 (ii), 12 (37 (37 (37)			(if travel outside of	Texas, complete Schedule T)			
	Principal occupation / Job title (See Instructions)			Employer (See Instructions)					
	retired			retired					
	Date	Full name of contributor Niland, Nona	out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/23/2014	Contributor address; 210 Lavaca St Austin, TX 78701-4598	City; State; Zip Code		\$350.00	1 			
					(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) retired MD			Employer (See In none	estructions)					
	Date	Full name of contributor Nortey, James	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/28/2014	Contributor address; 2033 Philomena St Austin, TX 78723-3322	City; State; Zip Code		\$350.00	 			
					(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)						
Attorney			Andrews Kurth LLP						

The Instructi	ION GUIDE explains how to complete this form.	1 PAGE# Schedule: 34	/52 Report: 36/73		
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID# Nowlin, Bettye	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
05/28/2014	6 Contributor address; City; State; Zip Code 3327 Far View Dr Austin, TX 78730-3300		\$350.00	! ! !	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu None	pation / Job title (See Instructions)	10 Employer (See In None	structions)		
Date	Full name of contributor	<u>;</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/17/2014	Contributor address; City; State; Zip Code 3327 Far View Dr Austin, TX 78730-3300		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In Retired			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
05/09/2014	Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704-4655		\$350.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu attorney	Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Travis County Attorney's Office		
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2014	Contributor address; City; State; Zip Code 2507 Briargrove Dr Austin, TX 78704-2703		\$50.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occu former teach	pation / Job title (See Instructions) er	Employer (See In retired	structions)	· · · · · · · · · · · · · · · ·	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/17/2014	Contributor address; City; State; Zip Code 1507 Elton Ln Austin, TX 78703-3297	• • • • • • • • • • • • • • • • • • • •	\$25.00	[
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired			

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	The Instruction	ON GUIDE explains how to complete this form.			1 PAGE# Schedule: 35	/52 Report: 37/73	
2	FILER NAME	Kitchen, Ann			3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state P Ogren, Jonathan	AC (ID#	+)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/08/2014	6 Contributor address; City; State; Zip 2315 Willow St Austin, TX 78702-5625	Code		\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9		ation / Job title (See Instructions) nvironmental Planner		10 Employer (See In Siglo Group	structions)		
	Date	Full name of contributor	PAC (ID#	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/11/2014	Contributor address; City; State; Zip 1404 Crestwood Rd Austin, TX 78722-1112	Code		\$100.00	 	
					l '	Texas, complete Schedule T)	
		ation / Job title (See Instructions)		Employer (See In	structions)		
	Attorney ——-	****		Dell			
	Date	Full name of contributor ut-of-state F Owens, Joan	PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/23/2014	Contributor address; City; State; Zir 1709 Saint Albans Blvd Austin, TX 78745	Code		\$250.00	[] !	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Information T	ation / Job title (See Instructions) echnology		Employer (See In Retired	structions)		
	Date	Full name of contributor ut-of-state F Patterson, Grania	PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip 6704 Manchaca Rd Austin, TX 78745-4980	Code		\$15.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired Volun	ation / Job title (See Instructions) teer		Employer (See In Self	structions)		
	Date	Full name of contributor	PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/31/2014	Contributor address; City; State; Zip PO Box 50038 Austin, TX 78763-0038	Code		\$350.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)		
	Accountant	•		J. Pinnelli Com			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 36	/52 Report: 38/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pinnelli, Joe)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/31/2014	6 Contributor address; City; State; Zip Code 2001 Exposition Blvd Austin, TX 78703-2836		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup General Cont	ation / Job title (See Instructions) tractor	10 Employer (See In J. Pinnelli Com		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2311 Indian Trl Austin, TX 78703-2351		\$20.00	
		Austri, 17, 70703-2331			l
				<u>. </u>	Texas, complete Schedule T)
	pharmacist	pation / Job title (See Instructions)	Employer (See In HEB	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Pool, Leslie	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 4503 Shoal Creek Blvd Austin, TX 78756-2912		\$350.00	
					Texas, complete Schedule T)
	Principal occup exec ass't	pation / Job title (See Instructions)	Employer (See In Travis County	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Potyka, Patricia)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 3116 Corbin Ln Austin, TX 78704-5497		\$25.00	
	'			(If travel outside of	Texas, complete Schedule T)
	Principal occup Communicati	pation / Job title (See Instructions) ons	Employer (See In Self	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 6306 Clairmont Dr Austin, TX 78749-3424		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup President and	ation / Job title (See Instructions)	Employer (See In Meals on Whee		
1					

The Instruction	Guide explains how to complete this for	m.		1 PAGE# Schedule: 37	/52 Report: 39/73
2 FILER NAME	Kitchen, Ann			3 ACCOUNT# 00000001	(Ethics Commission filers)
I -	5 Full name of contributor ☐ out-of-st Pruett, Dan	ate PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
••••• 6	Contributor address; City; State; G306 Clairmont Dr Austin, TX 78749-3424	Zip Code		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9 Principal occupat President and 0	ion / Job title (See Instructions) CEO		ployer (See Ins als on Wheel		
Date [Full name of contributor ☐ out-of-st Pumfrey, William Ross	ate PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; 3716 Towana Trl Austin, TX 78736-3312	Zip Code		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	ion / Job title (See Instructions)	Em	ployer (See Ins	structions)	
Environmental	Program Coordinator	Un	iversity of Tex	kas at Austin	
Date (Full name of contributor	ate PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; 1501 W 6th St Austin, TX 78703-5148	Zip Code		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupat President	ion / Job title (See Instructions)		ployer (See Ins te Accompli	•	
Date F	Full name of contributor ☐ out-of-st Rabb, Renee	ate PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; 3408 Graybuck Rd Austin, TX 78748-1031	Zip Code		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupat Self	ion / Job title (See Instructions)		ployer (See Ins e Rabb Comp 	•	
Date F	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; 401 E 34th St Austin, TX 78705-1608	Zip Code		\$100.00	
				fif transal asstatata - F	Toyan nomplata Cabadula D
Principal occupat engineer	ion / Job title (See Instructions)	En de	ployer (See Ins I		Texas, complete Schedule T)

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	/52 Report: 40/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Reeser, Rose Ann	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/23/2014	6 Contributor address; City; State; Zip Code 303 Westhaven Dr West Lake Hills, TX 78746-4444		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In none	structions)	
•	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 2104 Wright St Austin, TX 78704-2834		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In RRS Firm	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code PO Box 41898 Austin, TX 78704-0032		\$100.00	
				l	
-	Principal occur	pation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
	Attorney	audit 7 300 title (See instructions)	Retired	istructions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Roach, Mary)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 9000 Queenswood Dr Austin, TX 78748-5228		\$25.00	! ! !
				(15 to out) out oid o of	Texas, complete Schedule T)
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	, '	Texas, complete scriedule 1)
	teacher		retired		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/19/2014	Contributor address; City; State; Zip Code 1010 Oak Meadow Dr Dripping Springs, TX 78620-3949		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup System Analy	pation / Job title (See Instructions) /st	Employer (See In	structions)	
1					

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39	/52 Report: 41/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Robertson, Patty)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/25/2014	6 Contributor address; City; State; Zip Code 6008 N Lamar Blvd Austin, TX 78752		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See In Travis county	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Rockwell, Brad)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 1910 Edgeware Dr Austin, TX 78704-5929	•••••	\$40.00	
				'
				Texas, complete Schedule T)
Principal occu lawyer	pation / Job title (See Instructions)	Employer (See In Frederick Peral	structions) es Allmon & Rock	well
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 1910 Edgeware Dr Austin, TX 78704-5929	•••••	\$25.00	
			l '	Texas, complete Schedule T)
Principal occu lawyer	pation / Job title (See Instructions)	Employer (See In Frederick Peral	structions) es Allmon & Rock	well
Date	Full name of contributor ut-of-state PAC (ID# Rodriguez, Jim)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/13/2014	Contributor address; City; State; Zip Code 5117 Prairie Dunes Dr Austin, TX 78747-1473		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Executive	pation / Job title (See Instructions)	Employer (See In TexHealth Cent		
Date	Full name of contributor uut-of-state PAC (ID# Rogoff, Regina)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/22/2014	Contributor address; City; State; Zip Code 1705 Schieffer Ave Austin, TX 78722-1227		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	L <u></u> -	TOTAL OF THE PROPERTY OF THE P
CEO	paration and the total mendering	People's Comm		

-	The Instruction	on Guide explains how to complete this form.		1 PAGE#	<u>-</u>
-					/52 Report: 42/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
Ļ				<u> </u>	1.5
4	Date	5 Full name of contributor ut-of-state PAC (ID# Roth, Danny	!)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2014	6 Contributor address; City; State; Zip Code 1503 Wild Cat Holw West Lake Hills, TX 78746-3640		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup General Partr	ation / Job title (See Instructions) ner	10 Employer (See In Southwest Stra		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		Roussos, Anne		contribution (\$)	description (if applicable)
	06/14/2014	Contributor address; City; State; Zip Code 7303 W Gate Blvd Austin, TX 78745-5931		\$25.00	!
				l	'
<u>_</u> .	Dringing and	Allow (lab Allo (One lasto effect)		<u>'</u> .	Texas, complete Schedule 1)
	retired	ation / Job title (See Instructions)	Employer (See In retired	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Roussos, Paul	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/17/2014	Contributor address; City; State; Zip Code 7303 W Gate Blvd Austin, TX 78745-5931		\$25.00	
ŀ				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
	retired		retired		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 2142 Barton Hills Dr Austin, TX 78704-4652		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Social Worke	ation / Job title (See Instructions) r	Employer (See In University of Te	structions) exas at Austin (reti	ired)
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2014	Contributor address; City; State; Zip Code 5512 Oakwood Cv Austin, TX 78731-4879		\$350.00	
				(16 ************************************	T
<u> </u>	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	The Ruffing F		President	on deliend)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 41	/52 Report: 43/73		
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≰ Ruiz, Olivia	!	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/17/2014	6 Contributor address; City; State; Zip Code 1105 Toyath St Austin, TX 78703-3920		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Law Office of O				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Sage, Karen)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/16/2014	Contributor address; City; State; Zip Code 3211 Riva Ridge Rd Austin, TX 78746-1424		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See In	L	Toxas, complete conseque 1,		
	Judge	·	State of Texas				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/17/2014	Contributor address; City; State; Zip Code		\$100.00	 		
		Austin, TX 78731-5219		(If travel outside of	Texas, complete Schedule T)		
	Principal occup photographer	ation / Job title (See Instructions) /investor	Employer (See In self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; Zip Code 117 Laurel Ln Austin, TX 78705-2813		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup writer	ation / Job title (See Instructions)	Employer (See In self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/17/2014	Contributor address; City; State; Zip Code 1903 Barton Pkwy Austin, TX 78704		\$200.00	 		
				القطعييما مسطمنات عق	Towas complete Schedule Ti		
		nation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)		
	Director of HF	`	YMCA of Austir	1			

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The instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	/52 Report: 44/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sedwick, Shannon	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/16/2014	6 Contributor address; City; State; Zip Code 350 King Arthur Ct Austin, TX 78746-5043		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup owner	pation / Job title (See Instructions)	10 Employer (See In Esther's Follies	structions)	
Date	Full name of contributor	<u> </u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/27/2014	Contributor address; City; State; Zip Code 2013 N Roosevelt St Arlington, VA 22205-1931		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Williams & Con		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 2403 Briargrove Dr Austin, TX 78704-2701	• • • • • • • • • • • • • • • • • • • •	\$100.00	
				l Texas, complete Schedule T)
Principal occu _l Librarian	pation / Job title (See Instructions)	Employer (See In Austin Commur		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 1007 E 16th St Austin, TX 78702-1030		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Dancer	pation / Job title (See Instructions)	Employer (See In Self/ St. Ed's	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2014	Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757-2328		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Consultant	pation / Job title (See Instructions)	Employer (See In Self Employed	structions)	

	The Instruction	סא Guide explains how to complete this form.		1 PAGE# Schedule: 43	/52 Report: 45/73
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Smith, Craig		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704-3212		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Travis County	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Smith, Scott		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/22/2014	Contributor address; City; State; Zip Code 702 Rio Grande St Austin, TX 78701-2720		\$250.00	 - -
					,
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete Schedule T)
	Attorney	sation roof title (See Instructions)	Self	structions)	·····
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 1801 Westlake Austin, TX 78746		\$60.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Director	pation / Job title (See Instructions)	Employer (See In Texas Public C		— · · · · · · · -
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/15/2014	Contributor address; City; State; Zip Code 700 Baylor St Austin, TX 78703-4934		\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Healthcare	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 700 Baylor St Austin, TX 78703-4934	,	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	I pation / Job title (See Instructions)	Employer (See In Healthcare	<u> </u>	,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,,

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	The Instruction	on Guide explains how to complete this form.	-	1 PAGE # Schedule: 44	/52 Report: 46/73		
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Spence, Roy	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/17/2014	6 Contributor address; City; State; Zip Code 828 W 6th St Austin, TX 78703-5420		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Consulting	eation / Job title (See Instructions)	10 Employer (See In- GSD&M Adverti	structions) ising/Purpose Inst	titute		
	Date	Full name of contributor	<u>-</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/17/2014	Contributor address; City; State; Zip Code 2103 Bluebonnet Ln Austin, TX 78704-4022		\$100.00	 		
					Texas, complete Schedule T)		
	Principal occup Biz	ation / Job title (See Instructions)	Employer (See In Architerra	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/29/2014	Contributor address; City; State; Zip Code 5109 Turnabout Ln Austin, TX 78731-5631		\$350.00	 		
				(If travel enteids of	Texas, complete Schedule T)		
H	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	rexas, complete schedule 1)		
	Physician	attan, saa tiile (eee mandaaan),	Seton	Stratolions)			
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/14/2014	Contributor address; City; State; Zip Code 1409 Hardouin Ave Austin, TX 78703-2516		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Alfred Stanley 8				
	Date	Full name of contributor ut-of-state PAC (ID: Stanley, Jeanie	<u>‡)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/11/2014	Contributor address; City; State; Zip Code 10100 Talleyran Dr Austin, TX 78750-3836		\$50.00	 		
				//E Annual	Toward complete Cabadilla Ti		
\vdash	Principal occurs	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	minister	water, sou time (ode mandelluna)	retired	ou acuono)			

Texas Ethics Commission

The Instruction Guide explains how to cor	nniate this form		1 PAGE#	-
The mother data displaced in the second	upiete tius ionii.			/52 Report: 47/73
2 FILER NAME Kitchen, Ann	- ·		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date 5 Full name of contributor Steeg, Susan	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/16/2014 6 Contributor address; 8702 El Rey Blvd Austin, TX 78737-1327	City; State; Zip Code		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instruction Judge	ns)	10 Employer (See In Travis County	structions)	
Date Full name of contributor Stringer, Jeff	□ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014 Contributor address; 2403 Briargrove Dr Austin, TX 78704-2701	City; State; Zip Code		\$100.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instruction	ons)	Employer (See In	structions)	
Professor		Austin Commur		
Data Full same of sustributes			A	la later a series es a
Date Full name of contributor Strover, Sharon	☐ out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
06/25/2014 Contributor address: 5104 Beverly Skyline Austin, TX 78731-4711	City; State; Zip Code		\$300.00	 -
			l '	Texas, complete Schedule T)
Principal occupation / Job title (See Instruction Professor	nns)	Employer (See In UT	structions)	
Date Full name of contributor	☐ out-of-state PAC (ID#	#)	Amount of	In-kind contribution
Sullivan, David			contribution (\$)	description (if applicable)
06/17/2014 Contributor address; 1710 Waterston Ave	City; State; Zip Code		\$100.00	
Austin, TX 78703-3937				l
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instruction	ons)	Employer (See In	structions)	
research associate		The University of	of Texas at Austin	
Date Full name of contributor Taniguchi, Evan	ut-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/17/2014 Contributor address; 2905 Pearl St Austin, TX 78705-3510	City; State; Zip Code		\$250.00	
				_
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instruction Architect	ons)	Employer (See In Taniguchi Archi		

The	INSTRUCTIO	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 46	/52 Report: 48/73
2 FILEF	R NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Da	te	5 Full name of contributor ☐ out-of-state PAC (ID: Taylor, Donna	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/23	3/2014	6 Contributor address; City; State; Zip Code 1909 E 3rd St Austin, TX 78702-4507		\$100.00	
				,	Texas, complete Schedule T)
	ations m	pation / Job title (See Instructions) panager	10 Employer (See In Whetstone Aud		_
Da	te	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Voter File Access
05/08	3/2014	Contributor address; City; State; Zip Code 4818 E Ben White Suite 104 Austin, TX 78741		\$350.00	!
		Austin, TA 70741		(If travel outside of	Texas, complete Schedule T)
Princi	ipal occur	Leation / Job title (See Instructions)	Employer (See In		
			, ,		
Da	ite	Full name of contributor □ out-of-state PAC (ID: Thomas, Johanna	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26	6/2014	Contributor address; City; State; Zip Code 1215 Alvarado Rd Berkeley, CA 94705-1545		\$200.00	1
				1 '	Texas, complete Schedule T)
		pation / Job title (See Instructions) Consultant	Employer (See In Verity Partners		
Da	ite	Full name of contributor ut-of-state PAC (ID: Thomas, Margot	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14	4/2014	Contributor address; City; State; Zip Code 4106 Avenue F Austin, TX 78751		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Princi Self	ipal occup	pation / Job title (See Instructions)	Employer (See Ir Self	nstructions)	
Da	ite	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17	7/2014	Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704-4655		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		
Attor	ney			Attorney's Office	

	The Instruction	N Guide explains how to complete this form.	 	1 PAGE# Schedule: 47	/52 Report: 49/73	
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Totten, Vicki	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/17/2014	6 Contributor address; City; State; Zip Code 2003 Rabb Rd Austin, TX 78704-3205		\$25.00	 	
				<u> </u>	Texas, complete Schedule T)	
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In retired	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Toups, Laura	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 305 Le Grande Ave Austin, TX 78704-1830		\$100.00	 	
				,	Texas, complete Schedule T)	
	Principal occup Civil Enginee	ration / Job title (See Instructions)	Employer (See In Urban Design (
	Date	Full name of contributor □ out-of-state PAC (ID# Trabulsi, Judy	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip Code 828 W 6th St Austin, TX 78703-5420		\$350.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Marketing	ation / Job title (See Instructions)	Employer (See In GSD&M Adveti			
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/07/2014	Contributor address; City; State; Zip Code 5504 Fort Benton Dr Austin, TX 78735-7912		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Judge	ation / Job title (See Instructions)	Employer (See In State of Texas	structions)		
===	Date	Full name of contributor ut-of-state PAC (ID# Trybus, Kaye	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/20/2014	Contributor address; City; State; Zip Code 1704 Kerr Ave Austin, TX 78704-1427		\$25.00	i 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup self	pation / Job title (See Instructions)	Employer (See Ir self	structions)		
I						

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 48	/52 Report: 50/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID≱ Veidt, Cindy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/16/2014	6 Contributor address; City; State; Zip Code 500 Blue Bell Cir Kyle, TX 78640-8802		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu attorney	pation / Job title (See Instructions)	10 Employer (See In Lippincott Phela		
Date	Full name of contributor ut-of-state PAC (ID# Vogel, Harold)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 2701 Bartons Bluff Ln Austin, TX 78746-7944		\$350.00	
			l.: <u>'</u>	Texas, complete Schedule T)
Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See In Husch Blackwe		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/17/2014	Contributor address; City; State; Zip Code 5710 Abilene Trl Austin, TX 78749-2113		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Policy Adviso	pation / Job title (See Instructions)	Employer (See In State of Texas	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/16/2014	Contributor address; City; State; Zip Code 1000 E 8th St Austin, TX 78702-3249		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu urban develo	pation / Job title (See Instructions) pment	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/10/2014	Contributor address; City; State; Zip Code 2108 Wright St Austin, TX 78704-2834		\$250.00	1
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	structions)	
law professo	r	University of Te	exas	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 49	/52 Report: 51/73	
2	FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Weisz, Margo	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/19/2014	6 Contributor address; City; State; Zip Code 1605 Kerr Ave Austin, TX 78704-1424		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Partner	ation / Job title (See Instructions)	10 Employer (See In City Lights Grou			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/05/2014	Contributor address; City; State; Zip Code 2909 W 35th St Austin, TX 78703-1105		\$350.00	 	
		Austin, 17 70705-1105		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	,		
	retired	,	retired	,		
	Date	Full name of contributor ☐ out-of-state PAC (ID# White, Kelly	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/13/2014	Contributor address; City; State; Zip Code 613 W 33rd St		\$200.00	 	
		Austin, TX 78705-2223		(If travel outside of	Texas, complete Schedule T)	
 	Principal occup	vation / Job title (See Instructions)	Employer (See In	<u> </u>	<u> </u>	
	CEO		Austin Children	's Services		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/12/2014	Contributor address; City; State; Zip Code 2505 Spring Creek Dr Austin, TX 78704-2721		\$350.00	! ! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Real Estate E	ation / Job title (See Instructions) Broker	Employer (See In e 3 properties	structions)		
-	Date	Full name of contributor ☐ out-of-state PAC (ID# Wick, Jim	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 2611 Ektom Dr Austin, TX 78745-2629		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In	structions)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 50/	/52 Report: 52/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Willensik, Bruce and Annie	<u>*</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/23/2014	6 Contributor address; City; State; Zip Code 4428 Gillis St Austin, TX 78745-1018		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup festival produ	pation / Job title (See Instructions) ucer	10 Employer (See In self-employed	structions)	
Date	Full name of contributor	<u>;</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2014	Contributor address; City; State; Zip Code 7500 Greenhaven Dr Austin, TX 78757-1706		\$150.00 	 - -
			(If travel outside of	Texas, complete Schedule T)
Principal occup Marketing Ma	pation / Job title (See Instructions) anager	Employer (See In IBM	structions)	-
Date	Full name of contributor ut-of-state PAC (ID# Williamson, Don	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/20/2014	Contributor address; City; State; Zip Code 1606 Lightsey Rd Austin, TX 78704-6021	• • • • • • • • • • • • • • • • • • • •	\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Driver Extror	pation / Job title (See Instructions) dinaire	Employer (See In Austin Duck Ad		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/19/2014	Contributor address; City; State; Zip Code 304 Hillcrest Ct West Lake Hills, TX 78746-5491		\$700.00	İ
			(If travel outside of	Texas, complete Schedule T)
Principal occup Executive	pation / Job title (See Instructions)	Employer (See In Calendar Servio		
Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/23/2014	Contributor address; City; State; Zip Code 2217Marcus AbramsBlvd Austin, TX 78748		\$20.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 51/	/52 Report: 53/73
2 FILER NAME	Kitchen, Ann		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wood, Jeffrey	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/24/2014	6 Contributor address; City; State; Zip Code 233 Chattanooga St San Francisco, CA 94114-3411		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup City Planner	pation / Job title (See Instructions)	10 Employer (See In The Overhead \		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/04/2014	Contributor address; City; State; Zip Code 2303 Comburg Castle Way Austin, TX 78748	. , ,	\$20.00	i
			(If travel outside of	Texas, complete Schedule T)
Principal occur retired	pation / Job title (See Instructions)	Employer (See In retired	,	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/27/2014	Contributor address; City; State; Zip Code 401 W 15th St Austin, TX 78701-1665		\$100.00	
			1	Texas, complete Schedule T)
Principal occuj President	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/28/2014	Contributor address; City; State; Zip Code 100 Skyline Dr West Lake Hills, TX 78746-3609	• • • • • • • • • • • • • • • • • • • •	\$700.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See In Zydeco Develo		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 7000 Timarou Ter Austin, TX 78754-5738	• • • • • • • • • • • • • • • • • • • •	\$100.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occuj administrator	pation / Job title (See Instructions)	Employer (See In Austin Commun	structions) nity College Distric	t

	The Instruction	ON GUIDE explains how to complete this form.	_	1 PAGE # Schedule: 52	2/52 Report: 54/73	
2	FILER NAME	Kitchen, Ann		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Young, Patricia	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/27/2014	6 Contributor address; City; State; Zip Code 6204 Diamond Head Cir Austin, TX 78746-6306		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup President and	ation / Job title (See Instructions) I CEO	10 Employer (See In Central Health	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 4300 Woodway Dr Austin, TX 78731-2037		\$100.00	 	
				<u> </u>	Texas, complete Schedule T)	
		ation / Job title (See Instructions) Physician Consultant	Employer (See In Wimbledon Hea			
	Date	Full name of contributor ut-of-state PAC (ID# Yznaga, Jeri Ann	<u>;</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/14/2014	Contributor address; City; State; Zip Code 9204 Stallion Dr Austin, TX 78733-3224		\$100.00	 	
				(If traval outside of	Texas, complete Schedule T)	
	Principal occup Marketing	ation / Job title (See Instructions)	Employer (See In Self	L '		
	Date	Full name of contributor	<u>+</u>)	Amount of cantribution (\$)	In-kind contribution description (if applicable)	
	05/12/2014	Contributor address; City; State; Zip Code 5414 Woodview Ave Austin, TX 78756-1626		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Metal Art	ation / Job title (See Instructions)	Employer (See In Self	-		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/17/2014	Contributor address; City; State; Zip Code 5414 Woodview Ave Austin, TX 78756-1626		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Metal Art	ation / Job title (See Instructions)	Employer (See In Self	<u>,</u>	,, 	

LOANS				SCHEDULE E
The Instruction Guide explains ho	w to complete this form.		1 PAGE# Schedule: 1/2	Report: 55/73
2 FILER NAME Kitchen, Ann			3 ACCOUNT# (00000001	Ethics Commission filers)
TOTAL OF UNITEMIZED LC	OANS:	&		\$
5 Date of loan 7 Name of I 03/25/2014 Kitchen,		of-state PAC (ID#)	9 Loan Amount (\$) \$4,300.00
6 Is lender a financial Institution? 8 Lender ac 2401 Bria Austin, 1		Zip Code		10 Interest rate 0
No				11 Maturity date 12/31/2014
12 Principal occupation / Job title (See	Instructions)	13 Employer (See Instruct	ions)	
14 Description of Collateral		15 Check if personal funds	s were deposited into	o political account
X none				
16 GUARANTOR INFORMATION 17 Name of 9				19 Amount Guaranteed (\$)
X not applicable	r address; City; State;	Zip Code		
20 Principal Occupation		21 Employer		
Date of loan Name of I 04/03/2014 Kitchen,		of-state PAC (ID#		Loan Amount (\$) \$3,900.00
Is lender a Lender ac financial Institution? 2401 Bria Austin, 1	ddress; City; State;	Zip Code	· · ·	Interest rate
No Austin, I	X /8/U4			Maturity date 12/31/2014
Principal occupation / Job title (See	Instructions)	Employer (See Instruct	tions)	
Description of Collateral		Check if personal funds	s were deposited into	o political account
⊠; none				
GUARANTOR Name of g INFORMATION				Amount Guaranteed (\$)
☐ Guaranto	r address; City; State;	Zip Code		
Principal Occupation		Employer	-	1
		,		

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 PAGE# Schedule: 2/2	P. Report: 56/73
2 FILER NAME Ki	tchen, Ann		3 ACCOUNT# (00000001	Ethics Commission filers)
4 TOTAL OF UN	ITEMIZED LOANS:			\$
5 Date of loan 04/14/2014	7 Name of lender out- Kitchen, Ann	of-state PAC (ID#)	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial Institution?	8 Lender address; City; State: 2401 Briargrove Austin, TX 78704	Zip Code	• • •	10 Interest rate 0
No				11 Maturity date 12/31/2014
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instruct	tions)	
14 Description of Collar	leral	15 Check if personal fund	s were deposited into	o political account
16 GUARANTOR INFORMATION IN not applicable	17 Name of guarantor 18 Guarantor address; City; State;	Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation	n	21 Employer		
Date of loan 04/18/2014	Name of lender	of-state PAC (ID#)	Loan Amount (\$) \$7,500.00
ls lender a financial Institution?	Lender address; City; State; 2401 Briargrove Austin, TX 78704	Zip Code		Interest rate 0
No 	Austili, 17, 70704			Maturity date 12/31/2014
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)	
Description of Colla	teral	Check if personal fund	s were deposited int	o political account
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City; State;	Zip Code		Amount Guaranteed (\$)
		Emolouer	· · · · · ·	
- ппограг Оссирацо		Employer		

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Legal Services Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 1/17 Report: 57/73 00000001 5 Payee name 4 Date ADP, INC 04/18/2014 6 Amount (\$) 7 Payee address City: State: Zip Code One ADP Drive \$100.20 MS-100 Augusta, GA 30909 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Payroll Processing Fees OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name ADP, INC 04/18/2014 Amount (\$) Payee address City; State; Zip Code One ADP Drive \$777.45 MS-100 Augusta, GA 30909 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Payroll Taxes OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name ADP, INC 05/28/2014 Amount (\$) Payee address City; State; Zip Code One ADP Drive \$481.95 MS-100 Augusta, GA 30909 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Payroll Taxes OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/QH Date Payee name 05/30/2014 ADP, INC Amount (\$) Payee address City; State; Zip Code One ADP Drive \$73.55 MS-100 Augusta, GA 30909 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Payroll Processing Fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES	
------------------------	--

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

PURPOSE

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Transportation Equipment & Related Expense

Candidate / Officeholder name

EXPENDITURE CATEGORIES

snse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Pental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Polling Expense Printing Expense Travel Out Of District
Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 2/17 Report: 58/73 00000001 4 Date 5 Payee name AT&T 04/07/2014 6 Amount (\$) Payee address City: State; Zip Code PO Box 537104 \$56.17 Atlanta, GA 30353-7104 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign cell phone OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/08/2014 AT&T Payee address Amount (\$) City; State; Zip Code PO Box 537104 \$51.28 Atlanta, GA 30353-7104 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Campaign cell phone OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/10/2014 AT&T Amount (\$) Payee address City; State; Zip Code PO Box 537104 \$23.95 Atlanta, GA 30353-7104 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Phone **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/18/2014 Austin Convention Center Amount (\$) Payee address City; State; Zip Code 500 E Ceasar Chavez \$7.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Parking

Office sought:

Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 3/17 Report: 59/73 00000001 5 Payee name Date Austin Java 04/16/2014 6 Amount (\$) Payee address City; State; Zip Code 1608 Barton Springs Rd \$21.49 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Food/Beverage Expense Meeting OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/21/2014 Austin Java Amount (\$) Payee address City; State; Zip Code 1608 Barton Springs Rd \$8.99 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/27/2014 Austin Java Amount (\$) Payee address City; State; Zip Code 1608 Barton Springs Rd \$12.68 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office held: Office sought: direct expenditure to benefit C/QH Date Payee name 05/27/2014 Bouldin Creek Cafe Amount (\$) Payee address City; State; Zip Code 1900 South 1st Street \$32.38 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin. Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Consulting Expense Food/Beverage Expense Travel In District Event Expense Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 4/17 Report: 60/73 00000001 4 Date 5 Payee name 06/11/2014 Broken Spoke 6 Amount (\$) Payee address City; State; Zip Code 3201 South Lamar Blvd \$1,100.00 Austin, TX 78704 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Fundraiser Deposit **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Pavee name 06/17/2014 **Broken Spoke** Amount (\$) Payee address City; State; Zip Code 3201 South Lamar Blvd \$1,040,00 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Fundraiser OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/17/2014 Broken Spoke Amount (\$) Payee address City; State: Zip Code 3201 South Lamar Blvd \$24.00 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Volunteer Water OF **EXPENDITURE** Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name

Bruce Elfant for Travis County Tax Accessor

Category (See Categories listed at the top of this schedule)

Candidate/Officeholder/Political Committee

Contributions/Donations Made By

Candidate / Officeholder name

City; State; Zip Code

Description

Office sought:

Bruce Elfant Ice Cream Social

Payee address

PO Box 49051

Austin, TX 78765

05/18/2014 Amount (\$)

PURPOSE

Complete ONLY if

direct expenditure to benefit C/OH

\$45.00

Office held:

(If travel outside of Texas, complete Schedule T)

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	- •	d/Rental Expense OTHER (ente	/Officeholder/Political Committee er a category not listed above)
5105 "	The Instruction Guide explains he	ow to complete this form.	1
1 PAGE# Schedule: 5/17 F	2 FILER NAME Kitchen, Ann		3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name		
05/20/2014	Buenos Aires Cafe		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$58.14	1201 E 6th St Austin, TX 78702		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/12/2014	Burnt Orange Report		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	4505 Duval Street #229		
	Austin, TX 78751		
PURPOSE	Category (See Categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·	de of Texas, complete Schedule T)
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee		th Anniversary Celebration
EXPENDITURE	Candidate/Onicendider/Political Committee	Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/15/2014	Caballero, Kristian		
Amount (\$)	Payee address City; State; Zip Code		
\$1,550.00	1005 E 14th Street		
1 1,220.00	Unit A		
	Austin, TX 78702		
BUBBOOK	Category (See Categories listed at the top of this schedule)	•	le of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Salary	
EXPENDITURE			
Complete Children	Candidata (Office haldes name	Office cought	Office hald
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
	Davis name		
Date 05/01/2014	Payee name Caballero, Kristian		
Amount (\$)	Payee address City; State; Zip Code		
1	1005 E 14th Street		
\$3,000.00	Unit A Austin, TX 78702		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	te of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Salary	, _
OF EXPENDITURE	-		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		o o o o o o o o o o o o o o o o o	·

SCHEDULE F

EXPENDITURE CATEGORIES Advertising Expense Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Experience Event Expense Fees	nse Food/Beverage Expense Ti Polling Expense Ti Printing Expense O	olicitation/Fundraising Expense ravel In District ravel Out Of District ffice Overhead/Rental Expense explains how to complete this fo	Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 6/17 F	Report: 62/73 Kitchen, Ann		0000001
4 Date 06/02/2014	5 Payee name Central Market		
6 Amount (\$) \$82.50	7 Payee address City; State; Zip 4477 S Lamar Blvd Austin, TX 78745	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event Expense	schedule) (b) Description Refreshmen	(If travel outside of Texas, complete Schedule T) ts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight: Office held:
Date 06/30/2014	Payee name Central Market		
Amount (\$)	Payee address City; State; Zip	Code	
\$58.38	4477 S Lamar Blvd Austin, TX 78745		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Event Expense	schedule) Description Refreshmen	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught: Office held:
Date 06/23/2014	Payee name David Thomas Photography		
Amount (\$) \$225.00) Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Event Expense	schedule) Description Photography	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught: Office held:
Date	Payee name	<u> </u>	
06/04/2014	Dropbox Inc		
Amount (\$)	Payee address City; State; Zip	Code	
\$99.00	185 Berry Street San Francisco, CA 94107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule) Description Web expens	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Kitchen, Ann 00000001 Schedule: 7/17 Report: 63/73 4 Date 5 Payee name Eddie Rodriguez for State Representative 05/18/2014 6 Amount (\$) Payee address City; State; Zip Code PO Box 2436 \$500.00 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Esthers Follies Sponsorship OF Candidate/Officeholder/Political Committee EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/20/2014 Einstein Bros Bagels Amount (\$) Payee address City; State; Zip Code 6611 S Mopac Expwy Austin, TX 78749 \$62.74 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Refreshments **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name El Mercado 05/02/2014 Payee address Amount (\$) City; State; Zip Code 1302 South 1st \$35.66 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE AED Meeting** Food/Beverage Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 04/01/2014 Fine, Kristin Amount (\$) Payee address City; State; Zip Code 2404 Burly Oak Drive Austin, TX 78745 \$300.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Healthcare OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 8/17 Report: 64/73 00000001 5 Payee name 4 Date 04/18/2014 Fine, Kristin 6 Amount (\$) 7 Payee address City; State; Zip Code 2404 Burly Oak Drive \$4,500.00 Austin, TX 78745 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH. Date Payee name 05/01/2014 Fine, Kristin Amount (\$) Pavee address City; State; Zip Code 2404 Burly Oak Drive Austin, TX 78745 \$300.00 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salaries/Wages/Contract Labor Healthcare OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Fine, Kristin 05/01/2014 Amount (\$) City; State; Zip Code Payee address 2404 Burly Oak Drive \$4,500.00 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF EXPENDITURE Complete ONLY in Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Fine, Kristin 05/28/2014 Amount (\$) Payee address City; State; Zip Code 2404 Burly Oak Drive Austin, TX 78745 \$4,500.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Gifts/Awards/Memorial Expense Legal Services Consulting Expense Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Event Expense Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann 00000001 Schedule: 9/17 Report: 65/73 4 Date 5 Payee name Fine, Kristin 06/10/2014 6 Amount (\$) Payee address City: State: Zip Code 2404 Burly Oak Drive Austin, TX 78745 \$1,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/23/2014 GNI Consulting, LLC Amount (\$) Pavee address City; State; Zip Code P.O. Box 685008 \$1,149,43 Austin, TX 78768 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Website and Logo design OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/14/2014 GNI Consulting, LLC Payee address City; State; Zip Code Amount (\$) P.O. Box 685008 \$2,250.00 Austin, TX 78768 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Website and Logo Design **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/03/2014 GNI Consulting, LLC Amount (\$) Payee address City; State; Zip Code P.O. Box 685008 \$2,000.00 Austin, TX 78768 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense General Consulting OF **EXPENDITURE**

Complete ONLY if

direct expenditure to benefit C/OH Candidate / Officeholder name

Office held:

Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Expe Event Expense Fees	nse Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction G	UIDE explains how to complete this	form.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 10/17	Report: 66/73 Kitchen, Ann		0000001
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	
06/19/2014	GNI Consulting, LLC		
6 Amount (\$)	7 Payee address City; State;	Zin Code	 -
1	P.O. Box 685008	Z.p 0000	
\$2,000.00	Austin, TX 78768		
	(a) Category (See Categories listed at the top of	this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
8 PURPOSE	Consulting Expense		· · · · · · · · · · · · · · · · · · ·
OF	Consulting Expense	General Co	onsuling
EXPENDITURE			
0.0 11.0000	Condidate / Office Laboratory		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office se	ought: Office held:
to benefit C/OH			
Date	Payee name		
	Hilton Hotels Parking		
04/26/2014			
Amount (\$)	Payee address City; State;	Zip Code	
\$20.00	500 East 4th Street		
	Austin, TX 78701		
	Category (See Categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Transportation Equipment & Related	I Expense Parking for	r Event
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office s	ought: Office held:
direct expenditure to benefit C/OH			
to benefit 6/011			
Date	Payee name		
06/02/2014	InFocus Campaigns, LLC		
Amount (\$)	Payee address City; State;	Zip Code	• • •
\$133.99	PO Box 10726		
	Fort Worth, TX 76114		
	Category (See Categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Robocall	,
OF EXPENDITURE	•		
LAICHUITURE		1	
Complete ONLY if	Candidate / Officeholder name	Office s	ought: Office held:
direct expenditure		3	and note.
to benefit C/OH			<u> </u>
Date	Payee name		
06/11/2014	Lee, James		
Amount (\$)	Payee address City; State;	Zip Code	
1	P.O. Box 685008	_ F	
\$100.00	Austin, TX 78768		
	,		
	Catagony (See Catagony Park Land	ALI IIII BIII B	Orași de Arte arte arte arte arte arte arte arte a
PURPOSE	Category (See Categories listed at the top of		•
OF	Salaries/Wages/Contract Labor	Contract L	apor
EXPENDITURE		İ	
	0 114 100		·
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office s	ought: Office held:
to benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 11/17 Report: 67/73 00000001 5 Payee name Date 04/03/2014 NGP VAN, Inc. 6 Amount (\$) Payee address State; Zip Code City; 1101 15th Street, NW \$750.00 Suite 500 Washington, DC 20005 (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Solicitation/Fundraising Expense fundraising platform for credit card contributions OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 06/01/2014 NGP VAN, Inc. Amount (\$) Payee address City; State; Zip Code 1101 15th Street, NW \$710.00 Suite 500 Washington, DC 20005 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Fundraising Expense for Credit Card contributions ΩF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 05/17/2014 Office Depot City; State; Amount (\$) Payee address Zip Code 2101 S Lamar \$15.08 Austin, TX 78704 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies **OF EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/28/2014 Office Depot Payee address Amount (\$) City; State; Zip Code 2101 S Lamar \$81.16 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office Supplies **EXPENDITURE** Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

P.O.Box 12070 Austin, Texas 78711-2070 **Texas Ethics Commission** (512)463-5800 TDD 1-800-735-2989 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee Travel Out Of District Office Overhead/Rental Expense Event Expense Polling Expense Printing Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 12/17 Report: 68/73 00000001 5 Payee name 4 Date Office Depot 06/17/2014 6 Amount (\$) Payee address City: State: Zip Code \$39.29 2101 S Lamar Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Office Depot 06/18/2014 Amount (\$) Payee address City; State; Zip Code 2101 S Lamar \$105.35 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense Office Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/20/2014 Rindy & Associates, Inc. Amount (\$) Payee address City; State; Zip Code 2401 East 6th Street \$1,879.25 #1007 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Walk Card Printing **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/02/2014 Sage Payment Solutions Amount (\$) Payee address City: State; Zip Code 1750 Old Meadow Road \$433.23 #300 Mclean, VA 22102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Online Credit Card Contribution Fees

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held:

Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Schedule: 13/17 Report: 69/73 Kitchen, Ann 00000001 4 Date 5 Payee name 04/14/2014 Sap's Fine Thai Cuisine 6 Amount (\$) Payee address City; State; Zip Code 4514 Westgate Blvd \$67.43 Austin, TX 78745 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 05/14/2014 Sap's Fine Thai Cuisine Amount (\$) Payee address City; State; Zip Code 4514 Westgate Blvd \$13.10 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Meeting **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Scott Newton Photography 04/14/2014 Amount (\$) Payee address City; State; Zip Code 3012 Oak Crest \$541.25 Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Photography OF EXPENDITURE Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Shell 05/28/2014 Amount (\$) Payee address City; State; Zip Code 4545 S Lamar Blvd Austin, TX 78745 \$49.85 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Travel In District Travel In District OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

8

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Gifts/Awards/Memorial Expense Legal Services Consulting Expense Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District Office Overhead/Rental Expense Event Expense Fees Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann 00000001 Schedule: 14/17 Report: 70/73 5 Payee name Date South Austin Civic Club 05/14/2014 6 Amount (\$) 7 Payee address City: State: Zip Code PO Box 151295 \$20.00 Austin, TX 78715 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Lunch OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name South Austin Civic Club 05/14/2014 Amount (\$) Payee address City; State; Zip Code PO Box 151295 \$80.00 Austin, TX 78715 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Community Membership Membership OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name

06/24/2014	Texaco			
Amount (\$)	Payee address City; State; Zip Code			
\$40.00	7200 Manchaca Rd Austin, TX 78745			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Travel In District	Travel in District		
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		
Date	Payee name			
04/09/2014	Texas Democratic Party			
Amount (\$)	Payee address City; State; Zip Code			
\$550.00	4818 E Ben White Suite 104 Austin, TX 78741			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Office Overhead/Rental Expense	Voter File Access		
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Kitchen, Ann Schedule: 15/17 Report: 71/73 00000001 4 Date Payee name 04/21/2014 Texas Made Productions LLC 6 Amount (\$) Payee address City; State; Zip Code 3707 Manchaca \$125.00 #177 Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense photograhpy **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 06/17/2014 Texas Premier Parking, Inc. Amount (\$) Payee address City; State; Zip Code 2407 S. Congress \$477.38 # E-137 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Parking for Kickoff OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name **USPS** 06/05/2014 Amount (\$) Payee address City: State: Zip Code 7310 Manchaca RD \$49.00 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Postage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/20/2014 Wells Fargo Amount (\$) Payee address City; State; Zip Code 1000 E 11th St \$12.00 #100 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Monthly Service Fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed shows)

rees	The Instruction Guide explains ho		er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 16/17	[00000001
4 Date	5 Payee name		
06/19/2014	Wells Fargo		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$12.00	1000 E 11th St		
	#100 Austin, TX 78702		
	· -	Ith Description (II)	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside Monthly Service Fee	e of Texas, complete Schedule T)
OF EXPENDITURE	1 000	Monthly dervice rec	
CAPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
05/23/2014	Whole Foods		
Amount (\$)	Payee address City; State; Zip Code		 -
\$44.01	525 N Lamar Blvd		
	Austin, TX 78703		
PURPOSE	Category (See Categories listed at the top of this schedule)	·	e of Texas, complete Schedule T)
l OF	Event Expense	Refreshments	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		- · · ·	
Date 05/29/2014	Payee name Whole Foods		
Amount (\$)	Payee address City; State; Zip Code		
\$41.25	l		
941.23	Austin, TX 78703		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Refreshments	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Officerolder flame	Office sought.	Office field.
to benefit C/OH			
Date	Payee name		
06/20/2014	Whole Foods		
Amount (\$)	Payee address City; State; Zip Code		
\$65.90	525 N Lamar Blvd Austin, TX 78703		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Event Expense	Refreshments	
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711-20	70 (512)46	3-5800 TDD 1-800-735-2989
POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Expel Event Expense Fees	EXPENDITURE CATEGO Inse Gifts/Awards/Memorial Expense Salaries/Wages/Cont Inse Food/Beverage Expense Solicitation/Fundraisi Food/Beverage Expense Travel Out Of District Polling Expense Office Overhead/Rer The Instruction Guide explains how to	tract Labor Loan Repayme ing Expense Transportation Contributions/D t Candidate/C ntal Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Jonations Made By Ifficeholder/Political Committee a category not listed above)
1 PAGE# Schedule: 17/17	Report: 73/73 FILER NAME Kitchen, Ann		3 ACCOUNT # (TEC filers) 00000001
4 Date 04/04/2014	5 Payee name Wick, Jim		
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 2611 Ektom Drive Unit D Austin, TX 78745		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside General Consulting	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/12/2014 Amount (\$)	Willis, Rhea		
\$400.00	Payee address City; State; Zip Code 9500 Woodvale Dr Austinn, TX 78729		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Makeup for Photo Shoot	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held: