

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 Filer ID</b> (Ethics Commission Filers) 00000001	<b>2 Total pages filed:</b> 3
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MS</u> FIRST <u>ANN</u> MI NICKNAME LAST SUFFIX <u>KITCHEN</u>		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             2015 JUL 28 PM 12:04              RECEIVED              AUSTIN CITY CLERK           </div>
	<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2401 BRIARGROVE</u> <u>AUSTIN, TX 78704</u> <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(512) 228-1645</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS <u>MR</u> FIRST <u>KEN</u> MI NICKNAME LAST SUFFIX <u>CRAIG</u>		
	<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<b>8 CAMPAIGN TREASURER PHONE</b>		
<b>9 REPORT TYPE</b> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b> Month Day Year    Month Day Year <u>1 / 1 / 2015</u> THROUGH <u>6 / 30 / 2015</u>			
<b>11 ELECTION</b> ELECTION DATE Month Day Year <u>11 / 4 / 2014</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>CITY COUNCIL, D5</u> <u>CITY OF AUSTIN</u>		<b>13 OFFICE SOUGHT</b> (if known)

GO TO PAGE 2

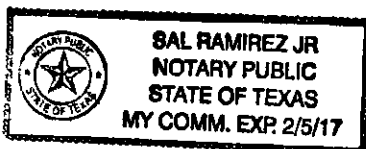
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <u>ANN KITCHEN</u>		<b>15 Filer ID (Ethics Commission Filers)</b> <u>00000001</u>	
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <div style="margin-top: 20px;"> <input type="checkbox"/> Additional Pages         </div>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>	
<b>EXPENDITURE TOTALS</b>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>	
<b>CONTRIBUTION BALANCE</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>	
<b>OUTSTANDING LOAN TOTALS</b>	4. TOTAL POLITICAL EXPENDITURES	\$ <u>372.80</u>	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ <u>0</u>	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <u>43,200.00</u>	

## 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Ann Kitchen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Kitchen, this the 28th day of July, 2015, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Sal Ramirez Jr.  
Printed name of officer administering oath

Banker  
Title of officer administering oath

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>ANN KITCHEN</b>		3 Filer ID (Ethics Commission Filers) <b>00000001</b>	
4 Date <b>1/2/15</b>		5 Payee name <b>ADP</b>			
6 Amount (\$) <b>\$ 73.55</b>		7 Payee address; City; State; Zip Code <b>ONE ADP DRIVE MS-100 AUGUSTA, GEORGIA 30909</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>FEES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PAYROLL FEES</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>1/27/15</b>		Payee name <b>ADP</b>			
Amount (\$) <b>\$ 77.25</b>		Payee address; City; State; Zip Code <b>ONE ADP DRIVE MS-100 AUGUSTA, GEORGIA 30909</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PAYROLL SERVICE FEES</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>1/22/15</b>		Payee name <b>WELLS FARGO</b>			
Amount (\$) <b>222.00</b>		Payee address; City; State; Zip Code <b>1000 E. 11th ST #100 AUSTIN, TX 78702</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>BANK SERVICE &amp; OTHER FEES</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>6</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(C)</u>	FIRST <u>ANN</u>	MI	Date Received	AUSTIN CITY CLERK RECEIVED 2015 JUL 28 PM 12 04	
	NICKNAME	LAST <u>KITCHEN</u>	SUFFIX	Date Hand-delivered or Date Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>3 / 7 / 2014</u> THROUGH <u>6 / 30 / 2014</u>					
Date Processed						
Date Imaged						

## 6 EXPLANATION OF CORRECTION

EXPENSES OMITTED IN ERROR.

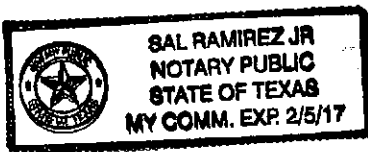
## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Kitchen, this the 28th day of July

2015 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>ANN KITCHEN</b>		3 Filer ID (Ethics Commission Filers) <b>00000001</b>	
4 Date <b>4/14/14</b>		5 Payee name <b>GNI CONSULTING LLC</b>			
6 Amount (\$) <b>\$250.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 685008 AUSTIN, TX 78758</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>WEBSITE AND LOGO DESIGN</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

Date <b>4/16</b>		Payee name <b>KRISTIN FINE</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>2404 BURLY OAK DR AUSTIN, TX 78745</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>BANK ACCT OPENING</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

Date <b>4/16</b>		Payee name <b>KRISTIN FINE</b>			
Amount (\$) <b>\$20.00</b>		Payee address; City; State; Zip Code <b>2404 BURLY OAK DR AUSTIN, TX 78745</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>FOOD</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

## SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>ANN KITCHEN</b>		3 Filer ID (Ethics Commission Filers) <b>00000001</b>	
4 Date <b>5/14</b>		5 Payee name <b>KRISTIN FINE</b>			
6 Amount (\$) <b>\$38.67</b>		7 Payee address; City; State; Zip Code <b>2404 BURLY OAK DR AUSTIN, TX 78745</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>OFFICE SUPPLIES</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5/21/14</b>		Payee name <b>KRISTIN FINE</b>			
Amount (\$) <b>\$102.00</b>		Payee address; City; State; Zip Code <b>2404 BURLY OAK DR AUSTIN, TX 78745</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CELL PHONE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5/28/14</b>		Payee name <b>KRISTIN FINE</b>			
Amount (\$) <b>\$550.00</b>		Payee address; City; State; Zip Code <b>2404 BURLY OAK DR AUSTIN, TX 78745</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>SALARY / WAGES / CONTRACT LABOR</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SALARY ADVANCE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>Ann Kitzner</b>		3 Filer ID (Ethics Commission Filers) <b>00000001</b>	
4 Date <b>5/29/14</b>		5 Payee name <b>KRISTIN FINE</b>			
6 Amount (\$) <b>\$500.00</b>		7 Payee address; City; State; Zip Code <b>2404 BURLY OAK DR AUSTIN, TX 78745</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>SALARY / WAGES / CONTRACT LABOR</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PAYCHECK ADVANCE</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/9/14</b>		Payee name <b>AMAZON MARKETPLACE</b>			
Amount (\$) <b>\$32.98</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>OFFICE <del>SUPPLIES</del> OVERHEAD</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>OFFICE SUPPLIES</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/16/14</b>		Payee name <b>FACEBOOK</b>			
Amount (\$) <b>\$48.40</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>ADVERTISEMENT</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>ANN KITCHEN</b>		3 Filer ID (Ethics Commission Filers) <b>00000001</b>	
4 Date <b>6/17/14</b>		5 Payee name <b>KATHY GENET</b>			
6 Amount (\$) <b>\$55.84</b>		7 Payee address, City, State, Zip Code <b>3000 KIRBY LAKE AUSTIN, TX 78703</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>SALARIES / WAGES / CONTRACT LABOR</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONTRACT LABOR</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>6/20/14</b>		Payee name <b>STRANGE BREW</b>			
Amount (\$) <b>\$10.25</b>		Payee address, City, State, Zip Code <b>5326 MANHUA AUSTIN, TX 78745</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>EVENT COST</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>FOOD</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>6/24</b>		Payee name <b>I STOCK</b>			
Amount (\$) <b>\$40.00</b>		Payee address, City, State, Zip Code <b>ONLINE</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PHOTOS (STOCK)</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED