

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;"># 4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Ann</div>		<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> AUSTIN CITY CLERK RECEIVED 2016 JAN 15 AM 11:20 </div>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Kitchen</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.1em;">2401 Briargrove Austin, Texas 78704</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 228-1645		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Ken</div>		Date Received
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Craig</div>		Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.1em;">7100 Whispering Oaks Dr. Austin, Texas 78745</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 626-8843		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year 07 / 01 / 2015 THROUGH Month Day Year 12 / 31 / 2015 <div style="text-align: right; border: 1px solid black; padding: 2px; font-size: 0.8em;"> AUG 12 10 31 AM '15 AUSTIN CITY CLERK </div>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.1em;">City Council, District 5</div>		13 OFFICE SOUGHT (if known)

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Ann Kitchen

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

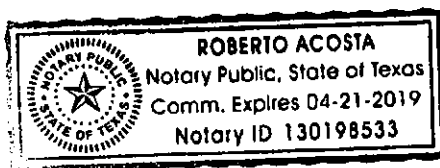
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 43,200.00

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 15TH day of JANUARY, 20 16, to certify which, witness my hand and seal of office.

R. Acosta

Signature of officer administering oath

ROBERTO ACOSTA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

CAMPAIGN DEBT RECONCILIATION
(To be filed by officeholders only during an election year)
Period Covered: January 1, 20____ to December 31, 20____

Name of officeholder: Ann Kitchen

Campaign debt* existing as of the first day of the calendar year: \$43,200

Campaign debt* existing as of the last day of the calendar year: \$43,200

Enter the following information on all campaign debt existing as of December 31 of the reporting year (Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate, and the date of maturity:

Creditor	Principal amount owed	Interest rate	Date of maturity
NA			

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed:

Creditor/Vendor	Principal amount owed
Ann Kitchen	\$43,200

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.
\$0

** Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.*

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Ann Kitchen

For each checking, savings or other financial institution account maintained during 20 15, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Wells Fargo

Type of account: Checking

The beginning balance: \$30.33 (Dec 18, 2014)

The ending balance: \$0 (Account closed during first quarter 2015)

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
	NA	

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
	NA	

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference §2-2-25, Austin City Code

Amount of interest or dividends earned: NA none

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
	NA	

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been “accepted” within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
	NA	