

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) 00090454	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mackenzie	MI	OFFICE USE ONLY
	NICKNAME	LAST Kelly	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Received
	8800 Hazelhurst Drive #30			ELECTRONICALLY FILED
	Austin, TX 78729			01/15/2021
				Date Hand-delivered or Date Postmarked
				Receipt #
				Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mackenzie	MI	
	NICKNAME	LAST Kelly	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
	8800 Hazelhurst Drive #30			STATE;
		Austin, TX 78729		ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	767-0606		
8 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)			
9 PERIOD COVERED	Month	Day	Year	THROUGH
	12	06	2020	12/31/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
	12	15	2020	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			Council Member, District 6	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Kelly, Mackenzie	14 Filer ID (Ethics Commission Filers) 00090454
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.																		
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="3">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL			<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS					
	COMMITTEE TYPE	COMMITTEE NAME																	
	<input type="checkbox"/> GENERAL																		
	<input type="checkbox"/> SPECIFIC																		
COMMITTEE ADDRESS																			
COMMITTEE CAMPAIGN TREASURER NAME																			
COMMITTEE CAMPAIGN TREASURER ADDRESS																			

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,605.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,590.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,210.83
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

Mackenzie Kelly

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Kelly, Mackenzie		19 Filer ID (Ethics Commission Filers) 00090454
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,605.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,590.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
2 FILER NAME Kelly, Mackenzie		3 Filer ID (Ethics Commission Filers) 00090454
4 Date 12/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Luke	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code 7201 Ranch Road 2222 Apartment 3208 Austin, TX 78730	
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Lennar
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Buck	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2503 Jarratt Ave Austin, TX 78703	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Endeavor Real Estate Group
Date 12/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Spencer	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code PO Box 5943 Austin, TX 78763	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 12/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, David	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1781 Spyglass Drive #222 Austin, TX 78746	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, John	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 505 Bowie Street Austin, TX 78703	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Whole Foods Market

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2 FILER NAME Kelly, Mackenzie		3 Filer ID (Ethics Commission Filers) 00090454
4 Date 12/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuiness, Celeste	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code 9310 Old Lampasas Trail Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 12/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mishra, Sumit	Amount of Contribution (\$) \$34.00
	Contributor address; City; State; Zip Code 10050 Great Hills Trail #314 Austin, TX 78729	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Trinet
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morag, Yehuda	Amount of Contribution (\$) \$36.00
	Contributor address; City; State; Zip Code 9550 Savannah Ridge Drive Unit 20 Austin, TX 78726	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Wendy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 15212 Calaveras Drive Austin, TX 78717	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) State Farm
Date 12/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Rudy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3305 Treadsoft Cove Austin, TX 78748	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
2 FILER NAME Kelly, Mackenzie		3 Filer ID (Ethics Commission Filers) 00090454
4 Date 12/14/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Present, Ian <hr/> 6 Contributor address; City; State; Zip Code 51 Rainey Street #501 Austin, TX 78701	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Rainer Consulting

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	2 FILER NAME Kelly, Mackenzie	3 Filer ID (Ethics Commission Filers) 00090454
4 Date 12/14/2020	5 Payee name Davidson, Donna	
6 Amount (\$) \$1,590.00	7 Payee address; City; State; Zip Code PO Box 12131 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal services related to review and preparation of campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held