

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 MI Mackenzie		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2021		
	NICKNAME LAST SUFFIX Kelly				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8800 Hazelhurst Drive #30 Austin, TX 78729			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mackenzie				
	NICKNAME LAST SUFFIX Kelly				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8800 Hazelhurst Drive #30 Austin, TX 78729				
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 Month Day Year 12/06/2020 12/31/2020				
10 ELECTION	ELECTION DATE Month Day Year 12/15/2020		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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		
<p>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.</p>		
<p>Mackenzie Kelly</p> <p>_____ Signature of Candidate or Officeholder</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
_____ 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 <hr/> 6 Contributor address; City; State; Zip Code 7201 Ranch Road 2222 Apartment 3208 Austin, TX 78730	7 Amount of Contribution (\$) \$10.00
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 <hr/> Contributor address; City; State; Zip Code 2503 Jarratt Ave Austin, TX 78703	Amount of Contribution (\$) \$200.00
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 <hr/> Contributor address; City; State; Zip Code PO Box 5943 Austin, TX 78763	Amount of Contribution (\$) \$150.00
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 <hr/> Contributor address; City; State; Zip Code 1781 Spyglass Drive #222 Austin, TX 78746	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code 505 Bowie Street Austin, TX 78703	Amount of Contribution (\$) \$400.00
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 <hr/> 6 Contributor address; City; State; Zip Code 9310 Old Lampasas Trail Austin, TX 78750	7 Amount of Contribution (\$) \$400.00
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 <hr/> Contributor address; City; State; Zip Code 10050 Great Hills Trail #314 Austin, TX 78729	Amount of Contribution (\$) \$34.00
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 <hr/> Contributor address; City; State; Zip Code 9550 Savannah Ridge Drive Unit 20 Austin, TX 78726	Amount of Contribution (\$) \$36.00
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 <hr/> Contributor address; City; State; Zip Code 15212 Calaveras Drive Austin, TX 78717	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code 3305 Treadsoft Cove Austin, TX 78748	Amount of Contribution (\$) \$50.00
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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: 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