

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; margin-top: 10px;">7</div>														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">Dr. Kris Kittle</p>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	<div style="text-align: center; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 8px;">Receipt #</td> <td style="width:50%; font-size: 8px;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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NICKNAME	LAST	SUFFIX															
Receipt #	Amount \$																
Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:15%; font-size: 8px;">STATE;</td> <td style="width:25%; font-size: 8px;">ZIP CODE</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">4817 Campfire Ct Fort Worth, TX 76244</p> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:45%; font-size: 8px;">EXTENSION</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">(817) 482-6103</p>			AREA CODE	PHONE NUMBER	EXTENSION											
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">Mrs. Elizabeth Marsh</p>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 8px;">Receipt #</td> <td style="width:50%; font-size: 8px;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
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7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:15%; font-size: 8px;">STATE;</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">4120 Majestic Ct Fort Worth, TX 76244</p> <p style="font-size: 8px;">(Residence or Business)</p>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE									
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> January 15</td> <td style="width:20%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%; font-size: 8px;">THROUGH</td> <td style="width:15%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">2 / 15 / 19 THROUGH 3 / 25 / 2019</p>			Month	Day	Year	THROUGH	Month	Day	Year							
Month	Day	Year	THROUGH	Month	Day	Year											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:15%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:15%;"><input type="checkbox"/> Primary</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:30%;"><input type="checkbox"/> Other Description</td> </tr> </table> <p style="margin-top: 10px; font-size: 18px;">05 / 04 / 2019</p>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input checked="" type="checkbox"/> General</td> <td style="width:50%;"><input type="checkbox"/> Special</td> </tr> </table>		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
ELECTION DATE			ELECTION TYPE														
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description												
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)															
		School Board Seat															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

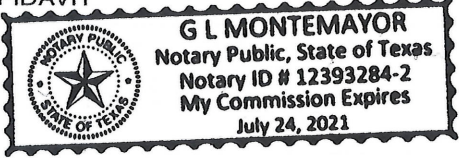
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Dr. Kris Kittle</u>	15 Filer ID (Ethics Commission Filers)
----------------------------------------	----------------------------------------

16 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. 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	2,264.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Marsh, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

G L Montemayor
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50
2. <input checked="" 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,264. ⁰⁰
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:
2 FILER NAME <i>Dr. Kris Kittle</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TALT Plumbing</i>	7 Amount of contribution (\$) <i>\$50.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4008 Campfire Ct Fort Worth, TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Dr. Kris Kittle

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/20/14

6 Full name of contributor out-of-state PAC (ID#: _____)

Made in Fort Worth

7 Contributor address; City; State; Zip Code

5490 Eden Dr. Fort Worth, TX 76117

8 Amount of Contribution \$

0

9 In-kind contribution description

Website hosting for 3 months

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

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Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/19/19	5 Payee name Vista Print
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6 Amount (\$) 62.76 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451
--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/19	Payee name Signs on the Cheap
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Amount (\$) 378.02 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11525a Stonehollow Dr. Austin, TX 78758
-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/19/19	Payee name Vistaprint
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Amount (\$) 84.43 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451
------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G:	2 FILER NAME Dr. Kris Kittle	3 Filer ID (Ethics Commission Filers)
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4 Date 3/8/19	5 Payee name Super Cheap Signs
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6 Amount (\$) 1359.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, Ste. 100 Austin, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/19	Payee name Go Daddy
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Amount (\$) 1.17 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N. Hayden Rd, Ste 219 Scottsdale, AZ 85260
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/28/19	Payee name Signs on the Cheap
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Amount (\$) 378.02 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11525a Stonehollow Dr. Austin, TX 78758
-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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