

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

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Kelly

F.

NICKNAME

LAST

SUFFIX

Owens

OFFICE USE ONLY

Date Received

RECEIVED

APR 07 2022

City Secretary
Port Aransas, TX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
551 La Costa Cay Port Aransas, Texas 78373

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE
(361)

PHONE NUMBER
774-6255

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Kelly

F.

NICKNAME

LAST

SUFFIX

Owens

Receipt #

Amount \$

Date Processed

4-7-2022

Date Imaged

4-7-2022

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
551 La Costa Cay Port Aransas, Texas 78373

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE
(361)

PHONE NUMBER
749-5597

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Atach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
02 / 17 / 22

THROUGH

Month Day Year
03 / 28 / 22

11 ELECTION

ELECTION DATE

Month Day Year
05 / 07 / 22

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

General Election

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Palce #2

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,342.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 369.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 369.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,342.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Kelly F Owens

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

STATE OF TEXAS COUNTY OF BRAZOS

Sworn to and subscribed before me by Kelly F. Owens this the 7th day of April, 2022, to verify which, witness my hand and seal of office.

Katherine Cabrera Katherine Cabrera TEXAS NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
This notarial act is an online notarization via two-way webcam and audiovisual technology

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$3,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$292.28
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$369.13
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) Kelly Owens	7 Amount of contribution (\$) \$500.00
3/4/22	6 Contributor address; City; State; Zip Code 551 La Costa Cay Port Aransas, Texas 78373	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Michael Dayon	Amount of contribution (\$) \$100.00
3/5/22	Contributor address; City; State; Zip Code 560 Bayside Dr. Port Aransas, Texas 78373	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Rebecca Corder	Amount of contribution (\$) \$100.00
3/16/22	Contributor address; City; State; Zip Code 717 Tarrant St. Port Aransas, Texas 78373	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Richard Smith	Amount of contribution (\$) \$250.00
3/16/22	Contributor address; City; State; Zip Code 333 Anchor Corpus Christi, Texas 78373	
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) Stephanie Hubbard	7 Amount of contribution (\$) \$250.00
3/16/22	6 Contributor address; City; State; Zip Code 14493 S. Padre Island Corpus Christi, Texas 78373	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Audrey Hall	Amount of contribution (\$) \$100.00
3/16/22	Contributor address; City; State; Zip Code 221 West Ave A. Port Aransas, Texas 78373	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) James Urban	Amount of contribution (\$) \$500.00
3/17/22	Contributor address; City; State; Zip Code 802 S. 11th St. Port Aransas, Texas 78373	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Mike Hall	Amount of contribution (\$) \$100.00
3/18/22	Contributor address; City; State; Zip Code P.O. Box 23 Port Aransas, Texas 78373	
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

3/22/22

Deven Bhakta

\$250.00

6 Contributor address;

City;

State;

Zip Code

1410 Crescent Drive

Corpus Christi, Texas 78412

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/23/22

Christy Barwise

\$200.00

Contributor address;

City;

State;

Zip Code

323 Sandhill Circle

Port Aransas, Texas 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/24/22

John Durham

\$500.00

Contributor address;

City;

State;

Zip Code

3715 Pelican Point

Port Aransas, Texas 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/24/22

Robert Belcher

\$200.00

Contributor address;

City;

State;

Zip Code

100 Glover Blvd

Port Aransas, Texas 78373

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Kelly F. Owens		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/25/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Owens	8 Amount of Contribution \$ \$292.28	9 In-kind contribution description signs
7 Contributor address; City; State; Zip Code 509 Lydia Ann Channel. Port Aransas, Tx 78373		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Buisness		11 Employer (FOR NON-JUDICIAL) (See Instructions) Deep Sea Headquarters	
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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		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
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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	Printing 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 FILER NAME: **Kelly F. Owens** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date: **3/22/22** 6 Payee name: **Vista Print**

7 Amount (\$): **\$44.38** 8 Payee address: **275 Wyman St.** City: **Waltham, MA** State: Zip Code: **02451**

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **advertising expense** (b) Description: **flyers**
 (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

Date: **3/24/22** Payee name: **D.E.A. Promotions**

Amount (\$): **\$324.75** Payee address: **402 Bayside Dr.** City: **Port Aransas, Texas** State: Zip Code: **78373**

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **advertising expense** Description: **koozies**
 Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED