

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 <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Owens	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 551 La Costa Cay Port Aransas, Texas 78373	Date Received <div style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: blue; font-weight: bold;">APR 29 2022</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 774-6255	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Kelly F <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Owens	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 551 La Costa Cay		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 774-6255		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 29 / 22 THROUGH 4 / 29 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22	ELECTION TYPE <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) City Council Place #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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>KELLY OWENS</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,950.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,753.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u><1,803.10></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

OR

(2) Unsworn Declaration

My name is KELLY OWENS and my date of birth is 05/07/1963

My address is 551 LA COSTA CAY (street), PORT ARANSAS (city), TX (state), 78373 (zip code), USA (country)

Executed in NUECES County, State of Texas, on the 29th day of April, 2022.
(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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,950.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,088.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,664.34
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

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 <i>Kelly Owens</i>		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Alex May 6 Contributor address; City; State; Zip Code 543 La Costa Cay PA Tx 78373	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gregory Carr Contributor address; City; State; Zip Code 3595 SH-361 Port Aransas 78373	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Andrea Roberson Contributor address; City; State; Zip Code 513 Cut off road Port Aransas, Texas 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Stephan Roberts, Tracy Roberts Contributor address; City; State; Zip Code 26207 Kingsgate, Katy Tx. 77494	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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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 <i>Kelly Owens</i>		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Alex May	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 543 La Costa Cay PA Tx 78373		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gregory Carr	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3595 SH-361 Port Aransas 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Andrea Roberson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 513 Cut off road Port Aransas, Texas 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Stephan Roberts, Tracy Roberts	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 26207 Kingsgate, Katy Tx. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kelly Owens		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2022	5 Full name of contributor out-of-state PAC (ID# _____) Richard Park, Sarah Park	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 15721 Dyna Street, CC Tx 78418		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2022	Full name of contributor out-of-state PAC (ID# _____) Laffoon Enterprises LLC PA 1	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 27225 Ranchland, Boerne, Tx 78006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2022	Full name of contributor out-of-state PAC (ID# _____) Harry Adams, Charisse Adams	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2319 Fountain Way, San Antonio, Tx 78248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2022	Full name of contributor out-of-state PAC (ID# _____) Catherine Battle, Lee Battle	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 56 Ranch BRK, Boerne, Texas 78015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
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2 FILER NAME <i>Kerry Owens</i>	3 Filer ID (Ethics Commission Filers)
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4 Date 04/07/2022	5 Full name of contributor Riverside Pavers out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4734 Gemini St, CC Texas 78405		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 04/05/2022	Full name of contributor Christopher Winkler out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3595 SH -361 Port Aransas, Texas 78373		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/08/2022	Full name of contributor Tiffany Zuniga out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3595 SH-361 Port Aransas, Texas 78373		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/06/2022	Full name of contributor Drew and Kylee Hagens out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 7822 Krypton, CC Tx 78414		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 <i>Kevin Owens</i>		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2022	5 Full name of contributor Adriana Carter out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 14902 Aquarius, CC TX 78418	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2022	Full name of contributor Romie Kerr out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2133 Meadowgrove, CC Tx 78414	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2022	Full name of contributor Ben Wallace out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 101 N. Shoreline STE 600, CC, TX 78401	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2022	Full name of contributor Alex Harris, Polly Harris out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2138 Highway 286, CC TX 78415	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 04/01/2022	5 Payee name Texas Sign Express
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6 Amount (\$) 2246.19	7 Payee address; City; State; Zip Code 513 Cut Off road Port Aransas, Texas 78373
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Owens	Office sought City Council Place 2	Office held
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Date 04/28/2022	Payee name Jackfish Cart Rentals
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Amount (\$) 61.54	Payee address; City; State; Zip Code 3411 S. 11th Street Port Aransas, Texas 78373
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description pizza for event
	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 Kelly Owens	Office sought City Council Place #2	Office held
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Date 04/28/2022	Payee name Deep Sea Headquarters
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Amount (\$) 273.73	Payee address; City; State; Zip Code 440 West Cotter Port Aransas, Texas 78373
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Beverage	Description drinks for event
	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 Kelly Owens	Office sought City Council Place 2	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 04/28/2022	5 Payee name Emma Lu's Party Rental
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6 Amount (\$) 281.45	7 Payee address: 6005 Bobtail CC, Tx 78414	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description bounce rental
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Owens	Office sought City Council Place #2	Office held
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Date 04/28/2022	Payee name MacDaddys Family Kitchen
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Amount (\$) 990.49	Payee address: 118 Beach Street Port Aransas Texas 78373	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Food for Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Owens	Office sought City Council Place 2	Office held
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Date 04/28/2022	Payee name Tortugas Saltwater Grill
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Amount (\$) 2,235.36	Payee address: 429 Alister Street , Port Aransas, Texas 78373	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Beverage Expense	Description drinks for event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Owens	Office sought City Council Place 2	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME Kelly Owens	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,664.34
5 Date 04/01/2022	6 Payee name Texas Sign Expense	
7 Amount (\$)	8 Payee address; City; State; Zip Code 513 Cut off road Port Aransas, Texas 78373	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Owens	Office sought City Council Place 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		