## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	I Guide explains how	to complete this form	1. Filer I (Ethics Com	D amission Filers)	2. Total pages 17	filed:
0	CANDIDATE/ DFFICEHOLDER NAME	MS/MRS/MR Dr. NICKNAME	FIRST Kevin Michael LAST		MI SUFFIX	OFFICE L Date Received	JSE ONLY
r (	CANDIDATE/ DFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX: 5500 Evans Avenue	Foster APT/SUITE # CIT Austin	TY STATI	E: ZIP CODE 78751	Date Hand-delivered	or Date Postmarked
	CANDIDATE/ DFFICEHOLDER PHONE	AREA CODE PI (512) 956	HONE NUMBER -0711	EXTENS	IION	Receipt#	Amount \$
ר	CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. NICKNAME	FIRST Dusty LAST Harshman		MI SUFFIX	Date Processed Date Imaged	
ר 4	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO 4116 Camacho Street	BOX PLEASE): APT/SUITI	E # CITY Austin	STATE: TX	ZIP CODE 78723	
T	CAMPAIGN REASURER PHONE	AREA CODE (512) 670	PHONE NUMBER -6344	EXTENS	ION		
9 F	REPORT TYPE	January 15	✓ 30th day before election 8th day before election		Runoff Exceeded Modified Reporting limit	appointment	er campaign tresurer (officeholder only) Attach- COH-FR)
	PERIOD COVERED	Month Day 07/01/2020	Year Ti	HROUGH	Month	Day Yea 09/24/2020	f
11 E	ELECTION	ELECTION DATE Month Day 11/3/2020	Year ELECTIO	· _	Runoff 🗌 C	Dther	
12 C	OFFICE	OFFICE HELD (If any)			13 OFFICE SOUGH Other Office	IT (if known) : Austin ISD Trust	
GO TO PAGE 2							
Form	s provided by Texas E	thics Commission	www.ethics.state	ə.tx.us			Revised 1/1/2020

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME	Dr. Kevin Michael Fost	ler ID (Ethics Commission Filers)				
16 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					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5			
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZE OR GUARANTEES	D POLITICAL CONTRIBUTIONS (OTHER THAN PLE OF LOANS OR CONTRIBUTIONS MADE ELECTRON	DGES, LOANS, NICALLY)	\$0.00		
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)		\$2,660.40		
EXPENDITURE TOTALS	3 TOTAL UNITEMIZE	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4 TOTAL POLITICAL	EXPENDITURES		\$8,837.45		
CONTRIBUTION BALANCE	5 TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE LAST D RIOD	AY	\$6,536.02		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TH REPORTING PERIOD	ΗE	\$0.00		
18 AFFIDAVIT		l swear, or affirm, under pe	enalty of perjury, t	hat the accompanying report		
×	ROSA PALACIOS NOTARY PUBLIC ID# 12920664-2 State of Texas Comm. Exp. 11-15-2020					
AFFIXMOTATO	TAMP / SEAL ABOVE		re of Candidate or	r Officeholder		
Sworn to and subscribed before me, by the said Kevin toster, this the						
$\frac{57}{10}$ day of $\frac{0}{10}$ and $\frac{20}{20}$ to certify which, witness my hand and seal of office.						
Signature of officer adm	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
Forms provided by Texas Et		www.ethics.state.tx.us		Revised 1/1/2020		

Revised 1/1/2020

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

19.	FILER NAME Dr. Kevin Michael Foster	20. FILER ID (Ethic	cs Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE	-	SUBTOTALS AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2,660.40
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS	\$8,837.45
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	ISINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS TO FILER	S RETURNED	\$0.00

SCHEDULE A1

The In	struction Guide explains how	to complete	this fo	rm.	1. Total pages Schedule A1: not available		
2. FILER NAME Dr. Kevin Micl					3. Filer ID (Ethics Commission F	ilers)	
4. Date	5. Full name of contributor	out-of-sta	te PAC		7. Amount of contribution (\$)		
07/01/2020	Tammie Brown					\$200.00	
	6. Contributor address;	City;	State;	ZIP Code			
	52 The Hills Dr The Hills, TX 78	738-1575			1		
8. Principal occu	pation / Job title (See Instruction	s)		9 Emplo	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-sta	te PAC		7. Amount of contribution (\$)		
07/01/2020	John McKiernan-Gonzalez					\$10.00	
	6. Contributor address;	City;	State;	ZIP Code		•••••	
	3000 Matador Dr Austin, TX 787	41-7059					
8. Principal occu	pation / Job title (See Instruction	s)		9 Emplo	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-sta	te PAC _	I	7. Amount of contribution (\$)		
07/01/2020	Janasia Powell					\$20.00	
	6. Contributor address;	City;	State;	ZIP Code			
	1301 Crossing Pl Austin, TX 7874	41-1804					
8. Principal occu	pation / Job title (See Instruction	s)		9 Employ	ver (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
4. Date	5. Full name of contributor	out-of-stat	te PAC		7. Amount of contribution (\$)		
07/02/2020	Elizabeth Heard					\$102.20	
	6. Contributor address;	City;	State;	ZIP Code			
	10708 Pratt Ln Austin, TX 78748	-3032					
8. Principal occupation / Job title (See Instructions) 9 Emplo					/er (See Instructions)		
4. Date	5. Full name of contributor	out-of-stat	le PAC _	· · · · · · · · · · · · · · · · · · ·	7. Amount of contribution (\$)	· · · · · · · · · · · · · · · · · · ·	
07/02/2020	Ricardo Lowe					\$20.00	
	6. Contributor address;	City;	State;	ZIP Code			
	5909 Urbano Bnd Round Rock, T	X 78665-5714	4			:	
8. Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						

SCHEDULE A1

The li	nstruction Guide explains how	to complete this form.		1. Total pages Schedule A1: not available	
2. FILER NAME Dr. Kevin Mic		enner and a south a south a south and a south and a south and a south a south a south a south a south a south a		3. Filer ID (Ethics Commission File	ers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/02/2020	Melissa Tester				\$30.80
	6. Contributor address;	City; State; ZIP	Code		<b>4</b> 00100
	4112 Scales St Austin, TX 78723	-5394			
8. Principal occ	upation / Job title (See Instruction	s) 9	Employe	er (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	· · · · · · · · · · · · · · · · · · ·
07/02/2020	Kenneth Thompson				\$25.00
	6. Contributor address;	City; State; ZIP	Code		\$25.00
	1117 Haverford Dr Austin, TX 78	3753-2009			
8. Principal occ	upation / Job title (See Instruction	s) 9	Employe	er (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/03/2020	Jeannine Odeens				\$25.00
	6. Contributor address;	City; State; ZIP	Code		
	117 Aria Rdg Austin, TX 78738-	6595			
8. Principal occu	upation / Job title (See Instruction	s) 9	Employe	er (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC	7	7. Amount of contribution (\$)	
07/03/2020	Dawn Robin Rather				\$125,00
	6. Contributor address;	City; State; ZIP	Code		0120100
	3939 Bee Caves Road West Lake	Hls TX Austin, TX 78736			
8. Principal occu	upation / Job title (See Instruction	s) 9	Employe	er (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC	7	7. Amount of contribution (\$)	- 100 - 100
07/03/2020	Joseph Reilly				\$102.20
	6. Contributor address;	City; State; ZIP	Code		4 - 4 - 10 - 10
	3281 Worthington St NW Washin	gton, DC 20015-2354			
8. Principal occu	upation / Job title (See Instruction	s) 9	Employe	er (See Instructions)	

## SCHEDULE A1

The	Instruction Guide explains how	to complete this fo	rm.	1. Total pages Schedule A1: not available	
2. FILER NAM Dr. Kevin Mi				3. Filer ID (Ethics Commission F	Filers)
4. Date	5. Full name of contributor	out-of-state PAC	2	7. Amount of contribution (\$)	
07/10/2020	Elizabeth Heard				\$102.20
	6. Contributor address;	City; State;	ZIP Code		<b>1</b>
	10708 Pratt Ln Austin, TX 7874	8-3032			
8. Principal oc	cupation / Job title (See Instruction	าร)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/10/2020	Marina Peterson				\$5.30
	6. Contributor address;	City; State;	ZIP Code		
	5109 Avenue G Austin, TX 7875	1-2021			
8. Principal occ	cupation / Job title (See Instruction	าร)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
07/10/2020	Dr. Courtney Robinson				\$255.20
	6. Contributor address;	City; State;	ZIP Code		
	809 Indian Run Guerra, TX 7836	0			
8. Principal occ	cupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	······································
07/11/2020	Shannon Murdoch				\$102.20
	6. Contributor address;	City; State;	ZIP Code		
	2010 Brentwood St Austin, TX 7	8757-2806			
8. Principal occ	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC	I	7. Amount of contribution (\$)	· · · · · · · · · · · · · · · · · · ·
07/14/2020	Keffrelyn Brown				\$50.00
	6. Contributor address;	City; State;	ZIP Code		
	2032 Wayward Sun Dr Austin, T	X 78754-5402			
8. Principal occ	upation / Job title (See Instruction	is)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The In	struction Guide explains how	to complete this f	orm.	1. Total pages Schedule A1: not available			
2. FILER NAME Dr. Kevin Mich	nael Foster	·····		3. Filer ID (Ethics Commission F	Filers)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
07/20/2020	Jeffrey Travillion				\$510.20		
	6. Contributor address;	City; State;	ZIP Code				
3	PO Box 2425 Austin, TX 78768-	2425					
8. Principal occu	pation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)			
4. Date	5. Full name of contributor	out-of-state PAC	<u>l</u>	7. Amount of contribution (\$)	·		
07/26/2020	Elton Collins				\$25.70		
	6. Contributor address;	City; State;	ZIP Code		420110		
	5014 Lansing Dr Austin, TX 787	45-1750					
8. Principal occu	pation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)			
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
08/02/2020	Elizabeth Heard				\$102.20		
	6. Contributor address;	City; State;	ZIP Code				
	10708 Pratt Ln Austin, TX 78748	-3032					
8. Principal occu	pation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)			
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
08/06/2020	Anne Heinen				\$20.60		
	6. Contributor address;	City; State;	ZIP Code				
	3010 Washington Sq Austin, TX	78705-2218					
8. Principal occu	pation / Job title (See Instruction	9 Employ	yer (See Instructions)				
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	·		
08/10/2020	Elizabeth Heard				\$102.20		
	6. Contributor address;	City; State;	ZIP Code				
	10708 Pratt Ln Austin, TX 78748	-3032					
8. Principal occu	. Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						

## SCHEDULE A1

The	Instruction Guide explains how	to complete this fo	vrm.	1. Total pages Schedule A1: not available	
2. FILER NAM Dr. Kevin M	NE lichael Foster			3. Filer ID (Ethics Commission F	ilers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/10/2020	Marina Peterson				\$5.30
	6. Contributor address;	City; State;	ZIP Code		00.00
	5109 Avenue G Austin, TX 7875	51-2021			
8. Principal oc	cupation / Job title (See Instruction	าร)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/16/2020	Anthony Haley				\$204.20
	6. Contributor address;	City; State;	ZIP Code		0201.20
	1212 Guadalupe St Austin, TX 7	8701-1837			
8. Principal oc	cupation / Job title (See Instruction	าร)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/18/2020	David King				\$255.20
	6. Contributor address;	City; State;	ZIP Code		
	1808 Kerr Ave Austin, TX 78704	4-1429			
8. Principal oc	cupation / Job title (See Instruction	าร)	9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/31/2020	Janis Daemmrich				\$50.00
	6. Contributor address;	City; State;	ZIP Code		
	1122 Colorado St Austin, TX 78'	701-2100			
8. Principal occupation / Job title (See Instructions)			9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
09/02/2020	Elizabeth Heard				\$102.20
	6. Contributor address;	City; State;	ZIP Code		
	10708 Pratt Ln Austin, TX 78748	3-3032			
8. Principal oc	cupation / Job title (See Instruction	ıs)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The	Instruction Guide explains how	<ol> <li>Total pages Schedule A1: not available</li> </ol>		
2. FILER NAM Dr. Kevin M	ME fichael Foster	3. Filer ID (Ethics Commission Filers)		
4. Date	5. Full name of contributor	out-of-state PAC	<u>// </u>	7. Amount of contribution (\$)
09/10/2020	Elizabeth Heard 6. Contributor address; 10708 Pratt Ln Austin, TX 78748	City; State; 3-3032	\$102.20	
8. Principal or	ccupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)
4. Date 09/10/2020	<ol> <li>Full name of contributor</li> <li>Marina Peterson</li> <li>Contributor address;</li> </ol>	Oitrin State	7ID Codo	7. Amount of contribution (\$) \$5.30
	5109 Avenue G Austin, TX 7875	City; State; 1-2021	ZIP Code	
8. Principal oc	ccupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Printing Expense g Gift/Awards/Memorials Expense Salaries/Wages/Contrac Legal Services The Instruction Guide explains how to con	t Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out of District Dther (enter a category not listed above)			
1. Total pages Schedule F1:			r ID (Ethics Commission Filers)			
1.0	Dr. Kevin Michael Foster					
4 Date	5 Payee name	l	ne zakola na			
07/01/2020	Marco Guajardo					
6 Amount	7 Payee address; City;	State:	Zip Code			
\$480.00						
	3810 Dafodil Ln Laredo, TX 78046					
8	(a) Category (See categories listed at the top of this schedule)	(b) Descript	ion			
PURPOSE	Salaries/Wages/Contract Labor	• •	ommunications			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check i	f Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
4 Date	5 Payee name		·······			
07/01/2020	Christina Lin Puentes					
6 Amount \$1,200.00	7 Payee address; City; 1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229	State:	Zip Code			
8						
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Descript Campaign M				
OF	Salaries/Wages/Contract Labor	Campaign M	anagement			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Check i	f Austin, TX, officeholder living expense			
9 Complete ONLY if direct		Office sought	Office held			
expenditure to benefit C/OH		-				
4 Date	5 Payee name					
07/01/2020	Zachary Price					
6 Amount	7 Payee address; City;	State:	Zip Code			
\$480.00						
	7007 Reese Ln Austin, TX 78757-1917					
8	(a) Category (See categories listed at the top of this schedule)	(b) Descript	ion			
PURPOSE	Salaries/Wages/Contract Labor	1	ounseling/Scheduling Services			
OF EXPENDITURE			-			
	Check if travel outside of Texas, complete Schedule T	Check i	f Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking         Fees         Polling Expense         Transportation Equipment & Rei           Consulting Expense         Food/Beverage Expense         Printing Expense         Expense           Contributions/Donations Made By         Gift/Awards/Memorials Expense         Salaries/Wages/Contract Labor         Travel In District           Condidate/Officeholder/Political         Legal Services         Travel Out of District			Travel In District Travel Out of District Other (enter a category not listed above)		
1. Total pages Schedule F1:	2. FILER NAME		3, File	er ID (Ethics Commission Filers)	
	Dr. Kevin Michael Foster			· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Payee name		l,		
07/02/2020	NGP VAN				
6 Amount \$150.00	7 Payee address;	City;	State:	Zip Code	
	1445 New York Ave NW Ste 200	) Washington, DC 2000	5-2158		
8	(a) Category (See categories listed at	the top of this schedule) (	b) Descrip	tion	
PURPOSE OF	Solicitation/Fundraising Expense		NGP Fee - J	uly 2020	
EXPENDITURE	Check if travel outside of Texas, comp	lete Schedule T	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	O	ffice sought	Office held	
4 Date	5 Payee name				
07/03/2020	University Federal Credit Union (	(UFCU)			
6 Amount \$13.48	<ul><li>7 Payee address;</li><li>8303 N Mopac Expy # A105 Aus</li></ul>	City; tin, TX 78759-8374	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Accounting/Banking	the top of this schedule)	b) Descrip Bank Fee (C		
EXPENDITURE	Check if travel outside of Texas, comp	lete Schedule T	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Of	ffice sought	Office held	
4 Date	5 Payee name				
07/06/2020	HostGator.com				
6 Amount \$25.90	7 Payee address;	City;	State:	Zip Code	
	2500 Ridgepoint Dr Austin, TX 7	8754-5250			
8 PURPOSE	(a) Category (See categories listed at i	the top of this schedule) (	b) Descrip Website Hos		
OF EXPENDITURE	Advertising Expense				
EAFENDITURE	Check if travel outside of Texas, compl	lete Schedule T	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Of	fice sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Fees Polling Expense Food/Beverage Expense Printing Expense g Gift/Awards/Memorials Expense Salaries/Wages/Contra Legal Services The Instruction Guide explains how to con	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) <b>form.</b>			
1. Total pages Schedule F1:	2. FILER NAME	- 3. F	ler ID (Ethics Commission Filers)			
	Dr. Kevin Michael Foster		(,			
4 Date	5 Payee name	I,,,				
07/06/2020	Paragon Payment Solutions					
6 Amount \$679.33	7 Payee address; City;	State:	Zip Code			
	2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895					
8	(a) Category (See categories listed at the top of this schedule)	(b) Descr	iption			
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	1 .	bit Processing Fees			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Cheo	sk if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug	ht Office held			
4 Date	5 Payee name					
07/14/2020	FEDEX Office					
6 Amount \$20.95	7 Payee address; City; 2374 Mcfarland Blvd E Tuscaloosa, AL 35404-5802	State:	Zip Code			
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	intion			
PURPOSE OF	Printing Expense		Printing, Scanning, and Notary Servi			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	nt Office held			
4 Date 07/20/2020	5 Payee name UPS Store	*****				
6 Amount \$11.09	<ul> <li>7 Payee address; City;</li> <li>1130 University Blvd Ste B9 Tuscaloosa, AL 35401-03</li> </ul>	State:	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Descri Document	ption Printing, Scanning, and Notary Servi			
EXPENDITURE	Check if travel outside of Texas, complete Schedule T	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	nt Office held			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Polling Expense T Printing Expense E se Salaries/Wages/Contract Labor T		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
1. Total pages Schedule F1:       2. FILER NAME       3. Filer ID (Ethics Commission Filers)					
	Dr. Kevin Michael Foster				
4 Date	5 Payee name				
07/23/2020	Andrew Thomas				
6 Amount \$150.00	7 Payee address;	City;	State:	Zip Code	
	1411 Gracy Farms Ln Apt 116	Austin, TX 78758-2229	)		
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Advertising Expense	· · · · ·	Website D	-	
EXPENDITURE					
	Check if travel outside of Texas, con			k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	It Office held	
4 Date	5 Payee name				
08/01/2020	Marco Guajardo				
6 Amount \$640.00	7 Payee address;	City;	State:	Zip Code	
	3810 Dafodil Ln Laredo, TX 78				
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)			
OF	Salaries/Wages/Contract Labor		Campaign Communications		
EXPENDITURE	Check if travel outside of Texas, con	,	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
08/01/2020	Christina Lin Puentes				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$1,600.00	1411 Gracy Farms Ln Apt 116 A	Austin, TX 78758-2229	ı		
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Salaries/Wages/Contract Labor		1	Management	
EXPENDITURE	Check if travel outside of Texas, com	nplete Schedule T	Checi	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Fees P Food/Beverage Expense P y Gift/Awards/Memorials Expense S Legal Services	ivent Expense Office Overhead/Rental ees Polling Expense ood/Beverage Expense Printing Expense ifft/Awards/Memorials 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) form.	
1. Total pages Schedule F1: 2. FILER NAME 3. Filer ID (Ethics Commission Filers)					
	Dr. Kevin Michael Foster		0. 1 1		
4 Date	5 Payee name				
08/01/2020	Zachary Price				
6 Amount \$640.00	7 Payee address;	City;	State:	Zip Code	
	7007 Reese Ln Austin, TX 78757	-1917			
8	(a) Category (See categories listed at	the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Salaries/Wages/Contract Labor		Counseling/Scheduling Services		
EXPENDITURE	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	C	office sough	t Office held	
4 Date	5 Payee name				
08/02/2020	NGP VAN				
6 Amount \$150.00	<ul><li>7 Payee address;</li><li>1445 New York Ave NW Ste 200</li></ul>	City; Washington, DC 2000	State:	Zip Code	
8	(a) Category (See categories listed at I	the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Solicitation/Fundraising Expense		NGP Fee - August 2020		
EXPENDITURE	Check if travel outside of Texas, compl	lete Schedule T	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	0	ffice sought	t Office held	
4 Date	5 Payee name				
08/03/2020	Paragon Payment Solutions				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$105.32	2141 E Broadway Rd Ste 202 Ten	npe, AZ 85282-1895			
8	(a) Category (See categories listed at t	the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Solicitation/Fundraising Expense		Credit/Debit Processing Fees		
EXPENDITURE	Check if travel outside of Texas, compl	ete Schedule T	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		iffice soughi		
		······································			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Renta Fees Polling Expense Printing Expense Salaries/Wages/Contra Legal Services The Instruction Guide explains how to co	Transportation Equipment & Related Expense ct Labor Travel In District Travel Out of District Other (enter a category not listed above)			
1. Total pages Schedule F1: 2. FILER NAME 3. Filer ID (Ethics Commission Filers)					
	Dr. Kevin Michael Foster				
4 Date	5 Payee name				
08/14/2020	AT&T Store at Best Buy				
6 Amount \$103.34	7 Payee address; City;	State: Zip Code			
	1201 Barbara Jordan Blvd Ste 100 Austin, TX 78723-3085				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE	Office Overhead/Rental Expense	Purchase of Phone and Services for AISD Schoo			
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
4 Date	5 Payee name				
08/21/2020	Marco Guajardo				
6 Amount \$480.00	7 Payee address; City; 3810 Dafodil Ln Laredo, TX 78046	State: Zip Code			
8		(b) Description			
PURPOSE	(a) Category (See categories listed at the top of this schedule)	Campaign Communications			
OF	Salaries/Wages/Contract Labor				
EXPENDITURE	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	Office sought Office held			
4 Date	5 Payee name				
08/21/2020	Christina Lin Puentes				
6 Amount	7 Payee address; City;	State: Zip Code			
\$1,200.00					
	1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE	Salaries/Wages/Contract Labor	Campaign Management			
OF EXPENDITURE					
9 Complete ONLY if direct	Condidate (Office helder name	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead/Rental Solicitation/Fundrai Fees Polling Expense Transportation Equ Food/Beverage Expense Printing Expense Expense Bift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District Legal Services			Travel In District Travel Out of District Other (enter a category not listed above)	
1. Total pages Schedule F1:				ler ID (Ethics Commission Filers)	
	Dr. Kevin Michael Foster				
4 Date	5 Payee name				
08/21/2020	Zachary Price				
6 Amount \$480.00	7 Payee address;	City;	State:	Zip Code	
	7007 Reese Ln Austin, TX 78757-1917				
8	(a) Category (See categories listed a	t the top of this schedule)	(b) Descri	ption	
PURPOSE OF	OF Salaries/Wages/Contract Labor Campaign Counseling/Scheduling Sc			Counseling/Scheduling Services	
EXPENDITURE	Check if travel outside of Texas, com	mplete Schedule T Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	l	Office sough	nt Office held	
4 Date	5 Payee name				
08/23/2020	HEB				
6 Amount \$7.57	7 Payee address; 12407 MOPAC Expy Austin, T2	City; K 78757	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Gift/Awards/Memorials Expense	t the top of this schedule)	(b) Descri Thank you		
4 mm u	Check if travel outside of Texas, com	exas, complete Schedule T			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(	Office sough	nt Office held	
4 Date	5 Payee name				
09/02/2020	NGP VAN				
6 Amount \$162.38	7 Payee address; 1445 New York Ave NW Ste 20	City; 0 Washington, DC 200	State: 005-2158	Zip Code	
8	(a) Category (See categories listed a		(b) Descri	ntion	
° PURPOSE OF	Solicitation/Fundraising Expense	t the top of this schedule)	1	September 2020	
EXPENDITURE	Check if travel outside of Texas, com	plete Schedute T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(	Office sough		
			·		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense       Event Expense       Office Overhead/Rental       Solicitation/Fundraising Expense         Accounting/Banking       Fees       Polling Expense       Transportation Equipment & Related         Consulting Expense       Food/Beverage Expense       Printing Expense       Expense         Contributions/Donations Made By       Gift/Awards/Memorials Expense       Salaries/Wages/Contract Labor       Travel In District         Candidate/Officeholder/Political       Legal Services       Contributions how to complete this form.       Other (enter a category not listed above)					
1. Total pages Schedule F1:       2. FILER NAME       3. Filer ID (Ethics Commission Filers)					
	Dr. Kevin Michael Foster			commission riters)	
4 Date	5 Payee name				
09/02/2020	Paragon Payment Solutions				
6 Amount \$32.97	7 Payee address;	City;	State:	Zip Code	
	2141 E Broadway Rd Ste 202 7	Fempe, AZ 85282-1895	;		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)       (b) Description         Solicitation/Fundraising Expense       Credit/Debit Processing Fees			es	
EXPENDITURE	Check if travel outside of Texas, complete Schedule T				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
4 Date	5 Payee name				
09/19/2020	EMENTER				
6 Amount \$25.12	<ul><li>7 Payee address;</li><li>36 John Levers Wy., Exeter, EX</li></ul>	City;	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)	(b) Description		
	Office Overhead/Rental Expense		Teleconference Lighting		
	Check if travel outside of Texas, co	mplete Schedule T	Check if Austin, TX, off	iceholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	