

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: 8	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Dr. NICKNAME	FIRST Kevin LAST Foster	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX: 5500 Evans Avenue	APT/SUITE # 	CITY Austin	STATE: ZIP CODE TX 78751
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 799-1107	EXTENSION 	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Dusty LAST Harshman	MI SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY STATE: ZIP CODE 4116 Camacho Street Austin TX 78723			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 670-6344	EXTENSION	
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- COH-FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/25/2020 10/24/2020			
11 ELECTION	ELECTION DATE Month Day Year 11/3/2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Other Office: Austin ISD Trust	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

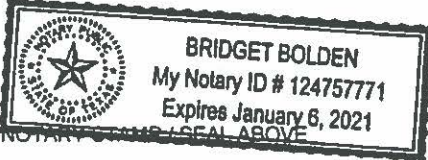
14 C/OH NAME	Dr. Kevin Foster	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$644.00
	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$2,801.47
	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,378.35
	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.



AFFIX NOTARY SEAL ABOVE

Kevin Foster

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dr. Kevin Foster, this the 28th day of Oct. 20 20 to certify which, witness my hand and seal of office.

Bridget Bolden

Signature of officer administering oath

Bridget Bolden

Printed name of officer administering oath

Exec. Assit

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Dr. Kevin Foster	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$644.00
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 CONTRIBUTIONS	\$2,801.47
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$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 BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Foster		3. Filer ID (Ethics Commission Filers)
4. Date 10/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/04/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jane Jensen 6. Contributor address; City; State; ZIP Code 120 Sherman Ave Lexington, KY 40502-1554	7. Amount of contribution (\$) \$127.70
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/08/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joah Spearman 6. Contributor address; City; State; ZIP Code 1411 E 2nd St Unit A Austin, TX 78702-4309	7. Amount of contribution (\$) \$51.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/09/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Holly Tachovsky 6. Contributor address; City; State; ZIP Code 4521 Red River St Austin, TX 78751-4022	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/09/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sarah Thoorens 6. Contributor address; City; State; ZIP Code 511 W Croslin St Unit B Austin, TX 78752-2437	7. Amount of contribution (\$) \$10.40
8. Principal occupation / Job title (See Instructions)		9 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

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dr. Kevin Foster		3. Filer ID (Ethics Commission Filers)
4. Date 10/09/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kim Wine 6. Contributor address; City; State; ZIP Code 4004 Teaff St Austin, TX 78723-5711	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Heard 6. Contributor address; City; State; ZIP Code 10708 Pratt Ln Austin, TX 78748-3032	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marina Peterson 6. Contributor address; City; State; ZIP Code 5109 Avenue G Austin, TX 78751-2021	7. Amount of contribution (\$) \$5.30
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mick Shanahan 6. Contributor address; City; State; ZIP Code 901 Park Village Cv Austin, TX 78758-5812	7. Amount of contribution (\$) \$20.60
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vanessa Santamarfa Dainton 6. Contributor address; City; State; ZIP Code 4120 Threadgill St Austin, TX 78723-4545	7. Amount of contribution (\$) \$102.20
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Foster	3. Filer ID (Ethics Commission Filers)
4 Date 09/30/2020	5 Payee name Texan Translation	
6 Amount \$124.60	7 Payee address; City; State; Zip Code 7901 Cameron Rd Ste 3-314 Austin, TX 78754-3843	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(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
4 Date 10/02/2020	5 Payee name Marco Guajardo	
6 Amount \$384.00	7 Payee address; City; State; Zip Code 3810 Dafodil Ln Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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
4 Date 10/02/2020	5 Payee name Christina Lin Puentes	
6 Amount \$800.00	7 Payee address; City; State; Zip Code 1411 Gracy Farms Ln Apt 116 Austin, TX 78758-2229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Foster	3. Filer ID (Ethics Commission Filers)
4 Date 10/02/2020	5 Payee name NGP VAN	
6 Amount \$162.38	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	
	(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
4 Date 10/02/2020	5 Payee name Paragon Payment Solutions	
6 Amount \$102.90	7 Payee address; City: State: Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	
	(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
4 Date 10/13/2020	5 Payee name Worley Printing	
6 Amount \$1,192.13	7 Payee address; City: State: Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dr. Kevin Foster	3. Filer ID (Ethics Commission Filers)
4 Date 10/23/2020	5 Payee name VistaPrint.com	
6 Amount \$35.46	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451-1200	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	
	(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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