

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="font-size: 2em; text-align: center;">22</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Mr Kyle R</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center;">McAlister</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">APR 04 2016</div> <div style="font-size: 1.2em; color: blue; font-weight: bold;">CITY MANAGER'S OFFICE</div> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center;">2573 Lincoln, Abilene, TX 79601</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center;">(325) 668-5694</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Mrs Shannel</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center;">Anderson</div>	Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center;">1266 Kingsbury Abilene, TX 79602</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center;">(325) 665-1262</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><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)
<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)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 11 / 16</td> <td></td> <td style="text-align: center;">3 / 28 / 16</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 11 / 16		3 / 28 / 16		
Month Day Year	THROUGH	Month Day Year									
1 / 11 / 16		3 / 28 / 16									
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center;">5 / 7 / 2016</div>	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) <div style="text-align: center;">Abilene City Council Place 5</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center;">Abilene City Council Place 5</div>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **KYLE McALISTER**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Friends for Kyle McAlister
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	2573 Lincoln, Abilene, TX 79601
	COMMITTEE CAMPAIGN TREASURER NAME
	Shannel Anderson
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	1266 Kingsbury, Abilene, TX 79602

17 CONTRIBUTION TOTALS

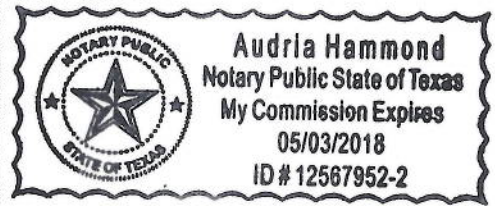
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2038.40
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 289.43
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1748.97
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 Kyle McAlister, this the fourth day of April, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

AUDRIA HAMMOND
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME:

KYLE McALISTER

20 Filer ID (Ethics Commission Filer):

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2038.40</i>
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	\$ <i>289.43</i>
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 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 GOVT	\$ —
11	<input type="checkbox"/>	SCHEDULE L: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12	<input type="checkbox"/>	SCHEDULE R: 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: **5**

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/16

5 Full name of contributor

Kyle McAlister

out-of-state PAC (ID# _____)

6 Contributor address:

2573 Lincoln

City; State; Zip Code

Abilene, TX 79601

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Self Employed

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City; State; Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages to prepare A1 **5**

2 FILER NAME

Kyle McAlistar

3 Filer is: Active Commission Filer

4 Date

2/29/16

5 Full name of contributor out-of-state PAC (See Instructions)

Neal Coates

6 Contributor address City State Zip Code

1726 Cedar Crest Abilene, TX 79601

7 Amount of contribution (\$) \$50

8 Principal occupation / Job title (See Instructions)

College Professor

9 Employer (See Instructions)

ACU

Date

2/29/16

Full name of contributor out-of-state PAC (See Instructions)

Marilyn Coates

Contributor address City State Zip Code

1726 CEDAR CREST Abilene, TX 79601

Amount of contribution (\$) \$50

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/29/16

Full name of contributor out-of-state PAC (See Instructions)

Don Pope

Contributor address City State Zip Code

2002 Campus Ct Abilene, TX 79601

Amount of contribution (\$) \$46.70

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

ACU

Date

3/4/16

Full name of contributor out-of-state PAC (See Instructions)

Rob Byrd

Contributor address City State Zip Code

741 N 21st Abilene, TX 79601

Amount of contribution (\$) \$100

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

ACU

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: **5**

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/16

5 Full name of contributor

Joy Ellinger

out-of-state PAC (ID# _____)

6 Contributor address:

8133 Drovers Ln

City: State: Zip Code

Abilene, TX 79606

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Date

3-5-16

Full name of contributor

Rusty and Jane Beard

out-of-state PAC (ID# _____)

Contributor address:

1901 River Oaks Rd

City: State: Zip Code

Abilene, TX 79605

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self employed

Date

3/1/16

Full name of contributor

Melody Kern

out-of-state PAC (ID# _____)

Contributor address:

2434 Township

City: State: Zip Code

Abilene, TX 79601

Amount of contribution (\$)

\$46.70

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

AISS

Date

3/17/16

Full name of contributor

Robert Morris

out-of-state PAC (ID# _____)

Contributor address:

1390 Amarillo

City: State: Zip Code

Abilene, TX 79603

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Self employed

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: **5**

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/16

5 Full name of contributor

Lisa Riddle

out-of-state PAC (ID# _____)

6 Contributor address:

2225 Bunker Hill

City: State: Zip Code

Abilene, TX 79601

7 Amount of contribution (\$)

\$20.00

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

AISD

Date

3/18/16

Full name of contributor

Jack and Donna Wilson

out-of-state PAC (ID# _____)

Contributor address:

1949 Benz

City: State: Zip Code

Abilene, TX 79602

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/18/16

Full name of contributor

Billye Proctor Shaw

out-of-state PAC (ID# _____)

Contributor address:

1760 River Oaks Rd

City: State: Zip Code

Abilene, TX 79605

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/18/16

Full name of contributor

David Copeland

out-of-state PAC (ID# _____)

Contributor address:

PO Box 2791

City: State: Zip Code

Abilene, TX 79604

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Shelton Foundation

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: **5**

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/16

5 Full name of contributor

Tim Lancaster

out-of-state PAC (ID# _____)

6 Contributor address:

City: State: Zip Code

2727 Oldham Ln

Abilene, TX 79602

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

Administrator

9 Employer (See Instructions)

Hendrick Medical Ctr

Date

3/21/16

Full name of contributor

Sandra McAlister

out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

4108 Compostela Ct

Monroe, NC 28110

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Mom

Employer (See Instructions)

Date

3/28/16

Full name of contributor

Jack and Ann Griggs

out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

1765 Lakeshore

Abilene, TX 79602

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

ACU

Date

Full name of contributor

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'S NAME

3 Donor ID: (Please Check Donor ID Box)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor (If out-of-state PAC, list PAC name)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address: City State Zip Code

10 If donor is from outside of Texas, complete Schedule 1

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 (If out-of-state PAC, list PAC name)

Amount of Contribution \$

In-kind contribution description

Contributor address: City State Zip Code

10 If donor is from outside of Texas, complete Schedule 1

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total (page Schedule B)

2 FILER NAME

3 See 20 - Ethics Commissioner Fees.

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (CA)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address City State Zip Code

Check if travel outside of Texas. Complete Schedule C.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (CA)

Amount of Pledge \$

In-kind contribution description

Pledgor address City State Zip Code

Check if travel outside of Texas. Complete Schedule C.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (CA)

Amount of Pledge \$

In-kind contribution description

Pledgor address City State Zip Code

Check if travel outside of Texas. Complete Schedule C.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (CA)

Amount of Pledge \$

In-kind contribution description

Pledgor address City State Zip Code

Check if travel outside of Texas. Complete Schedule C.

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

- 1 Total pages (Schedule E)
- 2 FILER NAME
- 3 Filer ID (Ethics Commission Filer)
- 4 TOTAL OF UNITEMIZED LOANS \$
- 5 Date of loan
- 6 Is lender a financial institution?
Y N
- 7 Name of lender out-of-state PAC (See ...)
- 8 Lender address City State Zip Code
- 9 Loan Amount (\$)
- 10 Interest rate
- 11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$)
18 Guarantor address City State Zip Code
 not applicable

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (See ...)

Is lender a financial institution? Y N
Lender address City State Zip Code
Interest rate
Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none
Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
Name of guarantor
Guarantor address City State Zip Code
 not applicable
Amount Guaranteed (\$)

Principal Occupation (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
 Aircraft Seating
 Campaign Expenses
 Charitable Contribution
 Charitable Contribution
 Charitable Contribution
 Charitable Contribution
 Charitable Contribution
 Charitable Contribution

Event Expense
 Fuel
 Fund Raising Expense
 Gift Awards/Memorials Expense
 Legal Services

Loan Repayment
 Office Operating Expense
 Printing Expense
 Printing Expense
 Special Waiver/Registration

Substance Abuse Expense
 Transportation Equipment & Related Expense
 Travel Expense
 Travel Expense
 Travel Expense
 Travel Expense

The Instruction Guide explains how to complete this form.

1 Refer to page schedule F1		2 FILER NAME: Kyle McAlister		3 Filer ID (Ethics Commission ID)	
4 Date: 2/17/16		5 Payee name: Kyle McAlister			
6 Amount (\$): \$123.23		7 Payee address: City State Zip Code 2573 Lincoln Abilene, TX 79601			
8 PURPOSE OF EXPENDITURE		(a) Category (use categories listed at the top of this schedule)		(b) Description	
		Reimburse for FB ads		<input type="checkbox"/> Check if the expenditure is for a campaign described in <input type="checkbox"/> Check if Abilene, TX, officeholder bona expense	
9 Complete ONLY if direct expenditure to benefit (DIB)		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council plc 5 Office held: same	
Date: 3/4/16		Payee name: Kyle McAlister			
Amount (\$): \$54.55		Payee address: City State Zip Code 2573 Lincoln Abilene, TX 79601			
PURPOSE OF EXPENDITURE		(a) Category (use categories listed at the top of this schedule)		(b) Description	
		Reimburse for FB ads		<input type="checkbox"/> Check if the expenditure is for a campaign described in <input type="checkbox"/> Check if Abilene, TX, officeholder bona expense	
Complete ONLY if direct expenditure to benefit (DIB)		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council plc 5 Office held: same	
Date: 3/10/16		Payee name: USPS			
Amount (\$): \$9.80		Payee address: City State Zip Code USPS Abilene, TX 79601			
PURPOSE OF EXPENDITURE		(a) Category (use categories listed at the top of this schedule)		(b) Description	
		Stamps		<input type="checkbox"/> Check if the expenditure is for a campaign described in <input type="checkbox"/> Check if Abilene, TX, officeholder bona expense	
Complete ONLY if direct expenditure to benefit (DIB)		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council plc 5 Office held: same	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 2	2 FILE NAME: Kyle McAlister	3 Filer ID (Ethics Commission Filers)
--	--------------------------------	---------------------------------------

4 Date 3-23-16	5 Payee name Lowes
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6 Amount (\$) \$63.67	7 Payee address: City: State: Zip Code 1634 East Musgrave Blvd Abilene, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign supplies	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kyle McAlister	Office sought Abilene City Council plc 5	Office held same
--	---	---	---------------------

Date 3-16-16	Payee name FFB
-----------------	-------------------

Amount (\$) \$19.15	Payee address: City: State: Zip Code PO Box 701 Abilene, TX 79604
------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kyle McAlister	Office sought Abilene City Council plc 5	Office held Same
--	---	---	---------------------

Date 3-23-16	Payee name Murphy's
-----------------	------------------------

Amount (\$) \$19.03	Payee address: City: State: Zip Code 1434 E Overland Tr Abilene, TX 79601
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign expense/gas for truck to put out big signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kyle McAlister	Office sought Abilene City Council plc 5	Office held same
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
 Air Travel Expense
 Charitable Expense
 Contributions (Excluding Membership)
 Entertainment Expense (Including Entertainment)

Event Expense
 Food Beverage Expense
 Fuel/Airfare/Mileage Expense
 Lodging Expense

Gift Expense
 Health Insurance Expense
 Printing Expense
 Postage Expense
 Salaries/Wages/Contract Labor

Statutory Fundraising Expense
 Transportation/Equipment & Personal Expense
 Travel Expense
 Travel/Out-of-Town
 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F2	2 FILER NAME	3 Filer ID (Public, Government, or None)
-----------------------------------	---------------------	---

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address: City, State, Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories and amounts for this schedule)	(b) Description <input type="checkbox"/> In-kind (used outside of Texas, complete Schedule F)
----------------------------------	--	---

11 Complete <input type="checkbox"/> Yes <input type="checkbox"/> No (Direct expenditure to benefit donor)	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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 and amounts for this schedule)	Description <input type="checkbox"/> In-kind (used outside of Texas, complete Schedule F)
-------------------------------	--	---

Complete <input type="checkbox"/> Yes <input type="checkbox"/> No (Direct expenditure to benefit donor)	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total page(s) required: 2/2

3 File ID: (This ID number is for filing)

2 FILER NAME

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased: City State Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased: City State Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting services
Accounting/Bookkeeping
Advertising Expenses
Automobile Insurance/Mileage
Commodities/Office Supplies/Postage

Event Expenses
Fuel
Gifts/Refreshments/Entertainment
Gift Awards/Merchandise/Uniforms
Local Services

Local Phone and Postage
Out-of-Country Travel Expenses
Printing Expenses
Printing Expenses
Insurance/Wages/Travel/Utilities

Out-of-State/Out-of-Country Expenses
Transportation/Equipment/Related Expenses
Travel Expenses
Travel/Out-of-Country
Other entertainment/related expenses

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F4

2 FILER NAME

3 Filer ID (Official Campaign and Filer)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date

6 Payee name

7 Amount (\$)

8 Payee address City State Zip Code

9 TYPE OF EXPENDITURE

Political

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (How/where/for what state/federal purposes)

(b) Description

Local/In-state/out-of-State/Out-of-Country

Local/In-State/Out-of-State/out-of-Country

11 Complete ONLY if used expenditure to benefit C-1

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address City State Zip Code

TYPE OF EXPENDITURE

Political

Non-Political

PURPOSE OF EXPENDITURE

(a) Category (How/where/for what state/federal purposes)

Description

Local/In-state/out-of-State/Out-of-Country

Local/In-State/Out-of-State/out-of-Country

Complete ONLY if used expenditure to benefit C-1

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting Expense
Approval/Printing
Candidate Expense
Candidate/Political Materials
Candidate/Political Postage, Office and
Candidate Support

Event Expense
Food
Fundraising Expense
Gift/Award/Memorabilia Expense
Legal Services

Loan Payments and Fees (not
State/Local/State/Federal Expense)
Printing Expense
Printing Expense
Travel/Wages/Overtime/Staff

Volunteer/Outreach Expense
Transportation/Equipment & Services Expense
Travel (Out of District)
Other (enter category or itemized above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME		3 Filer ID# (Ethics Commission File #)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address, City, State, Zip Code			
<input type="checkbox"/> Being paid from political contribution account	8 PURPOSE OF EXPENDITURE			
8	(a) Category (See instructions at the top of this schedule)		(b) Description	
<input type="checkbox"/> Candidate/Officeholder name	Candidate / Officeholder name		Office sought	
<input type="checkbox"/> Office held	Office held			
Date	Payee name			
Amount (\$)	Payee address, City, State, Zip Code			
<input type="checkbox"/> Being paid from political contribution account	8 PURPOSE OF EXPENDITURE			
8	(a) Category (See instructions at the top of this schedule)		(b) Description	
<input type="checkbox"/> Candidate/Officeholder name	Candidate / Officeholder name		Office sought	
<input type="checkbox"/> Office held	Office held			
Date	Payee name			
Amount (\$)	Payee address, City, State, Zip Code			
<input type="checkbox"/> Being paid from political contribution account	8 PURPOSE OF EXPENDITURE			
8	(a) Category (See instructions at the top of this schedule)		(b) Description	
<input type="checkbox"/> Candidate/Officeholder name	Candidate / Officeholder name		Office sought	
<input type="checkbox"/> Office held	Office held			
Date	Payee name			
Amount (\$)	Payee address, City, State, Zip Code			
<input type="checkbox"/> Being paid from political contribution account	8 PURPOSE OF EXPENDITURE			
8	(a) Category (See instructions at the top of this schedule)		(b) Description	
<input type="checkbox"/> Candidate/Officeholder name	Candidate / Officeholder name		Office sought	
<input type="checkbox"/> Office held	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Printing Expense
Charitable Contributions Made by
Candidate / Officeholder / Candidate
/ Officeholder

Event Expense
Travel
Gift Giving or Expense
Awards / Membership Expense
Legal Expense

Loan Repayment Expense
Office Costs (e.g. Rental Expense)
Printing Expense
Printing Expense
Travel Expense (e.g. Airfare)

Expenses for this type of expense
Transportation Expense & Related Expense
Travel Expense
Travel Expense
Travel Expense (e.g. Airfare)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule H	2. FILE # NAME		3. Filer ID (Ethics, Campaign, Interest)	
4. Date	5. Business name			
6. Amount (\$)	7. Business address City State Zip Code			
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if for... (e.g. for...) <input type="checkbox"/> Check if for... (e.g. for...)	
9. Candidate / Officeholder name	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address City State Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if for... (e.g. for...) <input type="checkbox"/> Check if for... (e.g. for...)	
Candidate / Officeholder name	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address City State Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if for... (e.g. for...) <input type="checkbox"/> Check if for... (e.g. for...)	
Candidate / Officeholder name	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address City State Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if for... (e.g. for...) <input type="checkbox"/> Check if for... (e.g. for...)	
Candidate / Officeholder name	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address City State Zip Code			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total page expenditure	2 FILER NAME	3 Filer ID (Ethics Disclosure Filer)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address City State Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total page - Schedule K

2 FILER NAME

3 Filer ID: (Other Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received: City State Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City State Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City State Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City State Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1. Total pages (including cover)

2. FILER NAME:

3. Filer ID: (Ethics Commission Form)

4. Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

5. Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(b) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CCH/CC Schedule B/SS

6. Dates of travel:

7. Name of person(s) traveling:

8. Departure city or name of departure location:

9. Destination city or name of destination location:

10. Means of transportation:

11. Purpose of travel including name of conference, seminar, or other event:

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(b) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CCH/CC Schedule B/SS

Dates of travel:

Name of person(s) traveling:

Departure city or name of departure location:

Destination city or name of destination location:

Means of transportation:

Purpose of travel including name of conference, seminar, or other event:

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(b) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CCH/CC Schedule B/SS

Dates of travel:

Name of person(s) traveling:

Departure city or name of departure location:

Destination city or name of destination location:

Means of transportation:

Purpose of travel including name of conference, seminar, or other event:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (If Filer Commission Filer)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder