

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: <i>22</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Kyle MI: R NICKNAME: _____ LAST: McAlister SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE 2573 Lincoln, Abilene, TX 79601	Date Received Abilene City Secretary APR 04 2019 Filed for Record	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (325) PHONE NUMBER: 668-5694 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Shannel MI: _____ NICKNAME: _____ LAST: Anderson SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY, STATE, ZIP CODE 1266 Kingsbury Abilene, TX 79602		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (325) PHONE NUMBER: 665-1262 EXTENSION:		
9 REPORT TYPE	<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	Month Day Year Month Day Year 01 / 01 / 2019 THROUGH <i>03 / 29 / 2019</i>		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2019	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) Abilene City Council Place 5	13 OFFICE SOUGHT (if known) Abilene City Council Place 5	

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)

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 973.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5535.01 11,535.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3791.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2688.75 8688.75
OUTSTANDING LOAN TOTALS	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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **KYLE McALISTER**, this the **4TH** day of **APRIL**, 20 **19**, to certify which, witness my hand and seal of office.

Audria Hammond
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 <i>KYLE McALISTON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5535.01 <i>11,535.01</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	\$ 3791.56
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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Kyle McAlister		3 Filer ID (Ethics Commission Filers)
4 Date 1-25-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Griggs 6 Contributor address; City; State; Zip Code 1765 Lakeshore Dr Abilene, TX 79602	7 Amount of contribution (\$) <input checked="" type="checkbox"/> 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-25-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neal Coates Contributor address; City; State; Zip Code 1726 Cedar Crest Abilene, TX 79601	Amount of contribution (\$) <input checked="" type="checkbox"/> 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Drennan Contributor address; City; State; Zip Code PO Box 590 Abilene, TX 79604	Amount of contribution (\$) <input checked="" type="checkbox"/> \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input checked="" type="checkbox"/>
Date 2-3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Josh Ammons Contributor address; City; State; Zip Code PO Box 1622 Abilene, TX 79604	Amount of contribution (\$) <input checked="" type="checkbox"/> \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input checked="" type="checkbox"/>

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:
2 FILER NAME Kyle McAlister		3 Filer ID (Ethics Commission Filers)
4 Date 2-11-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cindi Bumann 6 Contributor address; City; State; Zip Code 8433 Saddle Creek Rd Abilene, TX 79606	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <input checked="" type="checkbox"/>
Date 2-11-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Haliburton Contributor address; City; State; Zip Code 1825 Lytle Shores Abilene, TX 79602	Amount of contribution (\$) \$75
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Ice and Imaging
Date 2-20-29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Billye Proctor Shaw Contributor address; City; State; Zip Code 1760 River Oaks Rd Abilene, TX 79605	Amount of contribution (\$) 150.00 <input checked="" type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2-20-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Wilson Contributor address; City; State; Zip Code 1949 Benz Abilene, TX 79602	Amount of contribution (\$) \$100.00 <input checked="" type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		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:

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-19

5 Full name of contributor

Robin Walker

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$600.00



6 Contributor address;

140 Avenida Cortez

City; State; Zip Code

Abilene, TX 79602

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-12-19

Full name of contributor

Tucker Bridwell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

Contributor address;

PO Box 1616

City; State; Zip Code

Abilene, TX 79604

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-19

Full name of contributor

David Merritt

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$51.00

Contributor address;

1282 Canterbury Trs

City; State; Zip Code

Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-19

Full name of contributor

Ray Stokes

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address;

2812 BARLOW ABILENE, TX 79605

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 Schedule A1:
2 FILER NAME Kyle McAlister		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meghann Dunlap 6 Contributor address; City; State; Zip Code 3401 Sayles Abilene, TX 79605	7 Amount of contribution (\$) \$50.01 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-27-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shane McClung Contributor address; City; State; Zip Code 15415 CR 341 Abilene, TX 79601	Amount of contribution (\$) \$51.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David and Laura Copeland Contributor address; City; State; Zip Code PO Box 2791 Abilene, TX 79604	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cam Hurst Contributor address; City; State; Zip Code 7 Lamar Cir Abilene, TX 79601	Amount of contribution (\$) \$100.00
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 Schedule A1:
2 FILER NAME Kyle McAlister		3 Filer ID (Ethics Commission Filers)
4 Date 3-4-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jo Ed Canon 6 Contributor address; City; State; Zip Code 102 Tiquewood Abilene, TX 79606	7 Amount of contribution (\$) \$300.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Rice McClarty Contributor address; City; State; Zip Code 2610 S Treadaway Abilene, TX 79602	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elida Hernandez Contributor address; City; State; Zip Code 2548 Garfield Abilene, TX 79601	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-7-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott and Michelle Senter Contributor address; City; State; Zip Code 3401 Curry Ln Abilene, TX 79606	Amount of contribution (\$) \$110.00
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 Schedule A1:
2 FILER NAME Kyle McAlister		3 Filer ID (Ethics Commission Filers)
4 Date 3-7-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Davis 6 Contributor address; City; State; Zip Code 1106 N 13th Temple, TX 76501	7 Amount of contribution (\$) \$100.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve and Kim Conley Contributor address; City; State; Zip Code 2 Lamar Cir. Abilene, TX 79601	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Gill Contributor address; City; State; Zip Code PO Box 176 Abilene, TX 79604	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-16-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katie Browning Contributor address; City; State; Zip Code 12964 US Hwy 277S Tuscola, TX 79562	Amount of contribution (\$) \$100.00
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 Schedule A1:

2 FILER NAME

KYLE MCALISTER

3 Filer ID (Ethics Commission Filers)

4 Date

~~3-28-19~~
3-27-19

5 Full name of contributor

JIM PORTER

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City; State; Zip Code

32 WINGWOOD FOOT EAST ABILENE, TX 79606

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-19

Full name of contributor

JANE BEARD

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

1901 RIVER OAKS ABILENE, TX 79606

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 12	2 FILER NAME Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 1-29-19	5 Payee name WalMart	
6 Amount (\$) \$5.39	7 Payee address; City; State; Zip Code 4350 Southwest Dr Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Correspondence	(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 ABI. CITY COUNCIL PLS 5
		Office held STAFF
Date 2-1-19	Payee name WalMart	
Amount (\$) \$32.60	Payee address; City; State; Zip Code 1650 Hwy 351 Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/campaign supplies	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 ABI. CITY COUNCIL PLS 5
		Office held STAFF
Date 2-4-19	Payee name WalMart	
Amount (\$) \$33.81	Payee address; City; State; Zip Code 1650 Hwy 351 Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Campaign supplies	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 ABI. CITY COUNCIL PLS 5
		Office held STAFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
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4 Date 2-7-19	5 Payee name Abilene Chamber of Commerce
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6 Amount (\$) \$325.00	7 Payee address; City; State; Zip Code 174 cypress St #200, Abilene, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Booth for 2019 Abilene Business Expo	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kyle McAlister Abilene City Council Place 5	Office sought	Office held
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Date 2-15-19	Payee name USPS
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Amount (\$) \$11.00	Payee address; City; State; Zip Code 341 Pine St., Abilene, TX 79601
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kyle McAlister Abilene City Council Place 5	Office sought	Office held
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Date 2-22-19	Payee name USPS
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Amount (\$) \$16.50	Payee address; City; State; Zip Code 341 Pine St. Abilene, TX 79601
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kyle McAlister Abilene City Council Place 5	Office sought	Office held
------------------------------------------------------------	-------------------------------------------------------------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 2-12-2019	5 Payee name Brayco	
6 Amount (\$) \$1623.73	7 Payee address; City; State; Zip Code 3313 S 19th Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign signs	(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 1-15-2019	Payee name FFB	
Amount (\$) \$68.00	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) Service charges	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 2-17-2019	Payee name Lowes	
Amount (\$) \$18.92	Payee address; City; State; Zip Code 1634 E Musgrave Blvd Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister		3 Filer ID (Ethics Commission Filers)	
4 Date 2-28-19		5 Payee name USPS			
6 Amount (\$) \$16.50		7 Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Postage		(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 Kyle McAlister		Office sought Abilene City Council Plc 5	
				Office held Same	
Date 2-28-19		Payee name Facebook			
Amount (\$) 83.46		Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	
				Office held Same	
Date 3-1-19		Payee name HispanicLife Media			
Amount (\$) \$480.00		Payee address; City; State; Zip Code 209 S Danville Ste B-103 Abilene, TX 79605			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-2-19	5 Payee name VistaPrint	
6 Amount (\$) \$76.41	7 Payee address; City; State; Zip Code Waltham, MA 95 HAYDEN AVE LEXINGTON, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 3-6-19	Payee name USPS	
Amount (\$) \$16.50	Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	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 3-8-19	Payee name Bible Hardware	
Amount (\$) \$51.85	Payee address; City; State; Zip Code 333 Walnut Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-9-19	5 Payee name WalMart	
6 Amount (\$) \$26.93	7 Payee address; City; State; Zip Code 1650 Hwy 351 Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign sign 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 3-12-19	Payee name USPS	
Amount (\$) \$14.00	Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	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 3-11-19	Payee name Bible Hardware	
Amount (\$) \$30.46	Payee address; City; State; Zip Code 333 Walnut Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-11-19	5 Payee name YesWay	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 501 ES 11 Abilene, TX 79602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign sign 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 3-20-19	Payee name USPS	
Amount (\$) \$5.50	Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	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 3-13-19	Payee name Bible Hardware	
Amount (\$) \$11.14	Payee address; City; State; Zip Code 333 Walnut Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-11-19	5 Payee name Tractor Supply	
6 Amount (\$) \$16.21	7 Payee address; City; State; Zip Code 4450 Southwest Dr Abilene, TX 79606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign sign 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 3-13-19	Payee name Abilene Lumber	
Amount (\$) \$19.46	Payee address; City; State; Zip Code 2025 Industrial Blvd Abilene, TX 79602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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 3-21-19	Payee name Bible Hardware	
Amount (\$) \$11.14	Payee address; City; State; Zip Code 333 Walnut Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-13-19	5 Payee name Tractor Supply	
6 Amount (\$) \$14.49	7 Payee address; City; State; Zip Code 4450 Southwest Dr Abilene, TX 79606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign sign 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 3-13-19	Payee name Jackson Bros/ACCO Feed	
Amount (\$) \$103.66	Payee address; City; State; Zip Code 2411 ES 11 Abilene, TX 79602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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 3-11-19	Payee name Bible Hardware	
Amount (\$) \$30.46	Payee address; City; State; Zip Code 333 Walnut Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-20-19	5 Payee name WalMart	
6 Amount (\$) \$13.83	7 Payee address: City: State: Zip Code 1650 Hwy 351 Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign fundraising 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 3-21-19	Payee name OnTarget Promotions	
Amount (\$) \$109.00	Payee address: City: State: Zip Code 278 S Pioneer Ste 101 Abilene, TX 79605	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 3-25-19	Payee name Facebook	
Amount (\$) \$250.00	Payee address: City: State: Zip Code HACKER WAY Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-21-19	5 Payee name Tractor Supply	
6 Amount (\$) \$8.11	7 Payee address: City: State: Zip Code 4450 Southwest Dr Abilene, TX 79606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign sign 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 3-22-19	Payee name Jackson Bros/ACCO Feed	
Amount (\$) \$107.98	Payee address; City: State: Zip Code 2411 ES 11 Abilene, TX 79602	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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 3-15-19	Payee name Whataburger	
Amount (\$) \$8.49	Payee address; City: State: Zip Code 893 US 80E Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign meal	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-26-19	5 Payee name WalMart	
6 Amount (\$) \$121.03	7 Payee address: City; State; Zip Code 1650 Hwy 351 Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Business Expo 2019 supplies/Advertising	(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 3-26-19	Payee name Allsup	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 301 N Judge Ely Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign sign supplies	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

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