

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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|--|---|---|---|
| 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;">2</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <u>MR</u> FIRST: <u>KYLE</u> MI: <u>R</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <div style="text-align: center; font-size: 1.2em;">MCALISTER</div> | OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> Abilene City Secretary JAN 15 2019 Filed for Record </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">2573 LINCOLN ABILENE TX 79601</div> | Date Hand-delivered or Date Postmarked | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: <u>(325)</u> PHONE NUMBER: <u>668-5694</u> EXTENSION: _____ | Receipt # Amount \$ Date Processed Date Imaged | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: <u>MRS</u> FIRST: <u>SHARON</u> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <div style="text-align: center; font-size: 1.2em;">ANDERSON</div> | Date Hand-delivered or Date Postmarked | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">1266 KINGSBURY ABILENE TX 79602</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: <u>(325)</u> PHONE NUMBER: <u>665-1562</u> EXTENSION: _____ | | |
| 9 REPORT TYPE | <input checked="" 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 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 THROUGH Month Day Year <div style="font-size: 1.5em;">7 / 1 / 18 THROUGH 12 / 31 / 18</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | Other Description <div style="font-size: 1.2em; text-align: center;">Semi-Annual</div> |
| 12 OFFICE | OFFICE HELD (if any) <div style="font-size: 1.2em;">Abil. CITY COUNCIL PLC 5</div> | 13 OFFICE SOUGHT (if known) | |

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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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 945,3

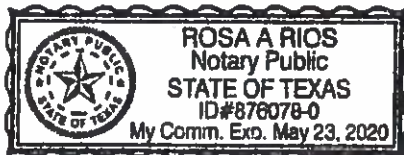
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Kyle McAlister*, this the *15th* day of *January*, 20 *19*, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Rosa A. Rios

Printed name of officer administering oath

Notary Public

Title of officer administering oath