

# 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="text-align: center; font-size: 2em;">11</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">Mr</td> <td style="width:15%; font-size: 0.8em;">FIRST</td> <td style="width:35%; text-align: center;">Kyle</td> <td style="width:10%; font-size: 0.8em;">MI</td> <td style="width:10%; text-align: center;">R</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td></td> <td style="font-size: 0.8em;">LAST</td> <td></td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">McAlister</td> </tr> </table>	MS / MRS / MR	Mr	FIRST	Kyle	MI	R	NICKNAME		LAST		SUFFIX		McAlister						<b>OFFICE USE ONLY</b>	
MS / MRS / MR	Mr	FIRST	Kyle	MI	R																
NICKNAME		LAST		SUFFIX																	
McAlister																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">ADDRESS / PO BOX,</td> <td style="font-size: 0.8em;">APT / SUITE #,</td> <td style="font-size: 0.8em;">CITY,</td> <td style="font-size: 0.8em;">STATE,</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">2573 Lincoln, Abilene, TX 79601</td> </tr> </table>		ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE	2573 Lincoln, Abilene, TX 79601												
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9 REPORT TYPE		<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" 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 type="checkbox"/> 30th day before election	<input checked="" 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)										
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10 PERIOD COVERED		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td style="width: 20%;"></td> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">/ 25</td> <td style="text-align: center;">/ 2019</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 05</td> <td style="text-align: center;">/ 2019</td> </tr> </table>		Month	Day	Year		Month	Day	Year	04	/ 25	/ 2019	THROUGH	06	/ 05	/ 2019				
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6	/ 15	/ 2019	<input 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**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>KYLE MCALISTER</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4361.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 100.00
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		\$ 7192.24
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		\$

# 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.

Additional Pages

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4361.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7192.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <del>3926</del> 3044.22
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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kyle McAlister, this the 7<sup>th</sup> day of June, 2019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Shawna Atkinson  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

4-29-19

5 Full name of contributor

David Copeland

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

PO Box 2791

Abilene, TX 79604

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-15-19

Full name of contributor

Tucker Bridwell

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-15-19

Full name of contributor

Jane Beard

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-17-19

Full name of contributor

Robin Walker

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$600.00

Contributor address;

City; State; Zip Code

140 Avenida Cortez

Abilene, TX 79602

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

5-17-19

5 Full name of contributor

Tim Rice McClarty

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2610 S Treadaway

Abilene, TX 79602

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-17-19

Full name of contributor

Ray McGlothlin, Jr

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

PO Box 89

Abilene, TX 79604

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-17-19

Full name of contributor

David Merritt

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$51.00

Contributor address;

City; State; Zip Code

1282 Canterbury Trs

Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-4-19

Full name of contributor

Kay Alexander

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

29 Glen Abbey

Abilene, TX 79606

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

5-17-19

5 Full name of contributor

Scott & Michelle Senter

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$110.00

6 Contributor address;

3401 Curry Ln

City; State; Zip Code

Abilene, TX 79606

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-17-19

Full name of contributor

Jack and Ann Griggs

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

1765 Lakeshore

City; State; Zip Code

Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-17-19

Full name of contributor

Dan Garrett

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

ACU Station Box 29200

City; State; Zip Code

Abilene, TX 79699

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-21-19

Full name of contributor

Dewayne and Virginia Chitwood

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

95 Hedges

City; State; Zip Code

Abilene, TX 79605

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: <u>1</u>	
2 FILER NAME <u>KYLE MCALISTON</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>100.00</u>	
5 Date <u>5-4-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CHARLIE WALFB</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>201 MESQUITE ABLONS TX 79601</u>	<u>\$100.00</u>	<u>ROOM RENTAL</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>OWNER</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>SELF</u>	
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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>Kyle McAlister</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-26-19</b>		5 Payee name <b>On Target Promotions</b>			
6 Amount (\$) <b>\$5,097.18</b>		7 Payee address; City; State; Zip Code <b>Abilene, TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Campaign mailer</b>		(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	Office sought	Office held
Date <b>5-15-19</b>		Payee name <b>KP's Sweets and Treats</b>			
Amount (\$) <b>\$72.00</b>		Payee address; City; State; Zip Code <b>733 Scott Place Abilene, TX 79601</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign event</b>		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	Office sought	Office held
Date <b>5-14-19</b>		Payee name <b>USPS</b>			
Amount (\$) <b>\$5.50</b>		Payee address; City; State; Zip Code <b>341 Pine Abilene, TX 79601</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Kyle McAlister</b>	Office sought <b>Abilene City Council Plc 5</b>	Office held <b>Same</b>

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 5-4-19	5 Payee name The Crabb Shack
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6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 3382 Rebecca Ln Abilene, TX 79606
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Campaign mailer	(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	Office sought	Office held
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Date 5-8-19	Payee name USPS
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Amount (\$) \$60.59	Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601
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<b>PURPOSE OF EXPENDITURE</b>	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	Office sought	Office held
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Date 5-6-19	Payee name USPS
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Amount (\$) \$14.00	Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601
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<b>PURPOSE OF EXPENDITURE</b>	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	Office sought Abilene City Council Plc 5	Office held Same
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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 5-6-19	5 Payee name West Texas Tribune
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6 Amount (\$) \$133.00	7 Payee address; City; State; Zip Code 3300 S 14th Abilene, TX 79605
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8 <b>PURPOSE OF EXPENDITURE</b>	(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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-8-19	Payee name Office Depot
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Amount (\$) \$33.75	Payee address; City; State; Zip Code 4141 Buffalo Gap Rd Abilene, TX 79605
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Mailing supplies	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	Office sought	Office held
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Date 5-31-19	Payee name USPS
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Amount (\$) \$836.32	Payee address; City; State; Zip Code 341 Pine Abilene, TX 79601
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Campaign mailer	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	Office sought Abilene City Council Plc 5	Office held Same
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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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kyle McAlister	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6-3-19	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$72.17	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 6-3-19	Payee name On Target Promotions	
Amount (\$) \$736.10	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)  Campaign mailer	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: _____ Office sought: _____ Office held: _____	
Date 6-3-19	Payee name WalMart	
Amount (\$) \$86.63	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)  Campaign mail 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED