

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mel

NICKNAME

LAST

SUFFIX

Kirkland

OFFICE USE ONLY

Date Received

JUL 14 2020 PM 4:29

LML

Date Hand-delivered or Date Postmarked
Hand-delivered

Receipt #

Amount \$

Date Processed

7-14-20

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

103 Wigeon Cove

Cedar Park TX 78613

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

809-7700

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Barbara

NICKNAME

LAST

SUFFIX

Shaffer

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

117 Bluejack Place

Cedar Park

TX

78613

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

517- 9219

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 01 / 2020

THROUGH

Month

Day

Year

6 / 30 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

Local - City Council

12 OFFICE

OFFICE HELD (if any)

City of Cedar Park
City Council, Place 2

13 OFFICE SOUGHT (if known)

City of Cedar Park
City Council, Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

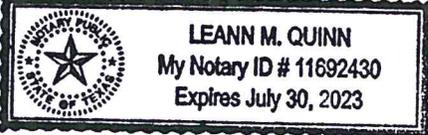
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Mel Kirkland	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,687.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,403.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,500.00

18 AFFIDAVIT



LEANN M. QUINN
My Notary ID # 11692430
Expires July 30, 2023

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 mel Kirkland, this the 14th day of July, 2020, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

LeAnn m. Quinn

Printed name of officer administering oath

City Sec

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mel Kirkland		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,425.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,687.85
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.77

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mel Kirkland

3 Filer ID (Ethics Commission Filers)

4 Date

1/17/2020

5 Full name of contributor

Levi Murray

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

1002 Vanderbilt Circle Pflugerville TX 78660

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/30/2020

Full name of contributor

Barbara Shaffer

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

117 Bluejack Place Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2020

Full name of contributor

Emily Montgomery

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

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

929 Tallow Trail Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/03/2020

Full name of contributor

William Pohl

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

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

10800 Pecan Park Blvd. Austin TX 78750

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

Mel Kirkland

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/2020

5 Full name of contributor

Ed Trevizan

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

16932 Northlake Hills

Cedar Park TX

78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/5/2020

Full name of contributor

Eric Perardi

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

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1116 Terijo Lane

Austin TX

78732

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/2020

Full name of contributor

Sid Kirkland

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

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

3950 Kalai We St. W101

Wailea HI

96753

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-17-2020

Full name of contributor

Kevin Harris

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

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

2807 Turkey Path Bend Cedar Park, Tx 78613

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 Mel Kirkland		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Cantwell	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1505 Julianas Way Cedar Park TX 78613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Duprey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1302 Anna Court Cedar Park TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry B Mayes, Jr.	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 930 S. Bell Blvd. Cedar Park TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lois E. Pendley	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 108 Ken Pelland Cove Liberty Hill TX 78642		
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

Mel Kirkland

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/2020

5 Full name of contributor

Mary Horn

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

319 Bandstand Lane Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/2020

Full name of contributor

Ben Zacharius

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

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

109 Outpost Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/2020

Full name of contributor

Bob Antle

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

1312 Colby Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/2020

Full name of contributor

Julie Bates

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

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1815 Fall Creek Dr. Cedar Park TX 78613

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 Mel Kirkland		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin and Stephanie Van Arsdale	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1506 Park Bluff Bend Cedar Park TX 78613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Martin	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1408 Rivercliff Dr. Spicewood TX 78669		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Chaney	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 40801 University Blvd. Round Rock TX 78665		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Gibson	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 11149 Research Blvd. #100 Austin TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mel Kirkland

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/2020

5 Full name of contributor

Bob Burton

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

7 Amount of contribution (\$)

\$750.00

6 Contributor address;

City;

State;

Zip Code

222 West Ave. #2001 Austin TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/2020

Full name of contributor

Patrick Shelton

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

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

10019 Silver Mountain Dr. Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2020

Full name of contributor

Lynn Antle

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1312 Colby Lane Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/2020

Full name of contributor

Mira Boyda

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

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

333 Shea Dr. Cedar Park TX 78613

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 Mel Kirkland		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese and Nichols PAC 6 Contributor address; City; State; Zip Code 4055 International Plaza, Ste 200, Fort Worth, TX 76109	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph and Melanie Capesius Contributor address; City; State; Zip Code 1801 Saline Creek Dr. Cedar Park, TX 78613	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert O'Farrell Contributor address; City; State; Zip Code 8080 Norwalk Ln Austin TX 78703	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Cari Daugherty Contributor address; City; State; Zip Code 601 Forest Trail, Cedar Park, Texas 78613	Amount of contribution (\$) \$25.00
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 Mel Kirkland		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Weibel	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3200 Hidden Hills Lane Cedar Park Tx 78613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Wind	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1509 Main St. CP TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 1/03/2020	5 Payee name Venmo / Nicole Woodum Sunquist
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6 Amount (\$) \$500.00	7 Payee address; 101 Derek Dr.	City; Cedar Park	State; TX	Zip Code 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management Fee
	(c) <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
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Date 1/16/2020	Payee name Wix.Com
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Amount (\$) \$27.00	Payee address; 500 Terry A Francios Blvd.	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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
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Date 1/21/2020	Payee name Super Cheap Signs
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Amount (\$) \$1,308.80	Payee address; 9200 Waterford Centre Blvd.	City; Austin	State; TX	Zip Code 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 1/23/2020	5 Payee name Super Cheap Signs
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6 Amount (\$) \$16.24	7 Payee address; 9200 Waterford Centre Blvd. Suite 100	City; Austin	State; TX	Zip Code 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs
	(c) <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
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Date 1/29/2020	Payee name Venmo / Nicole Sunquist
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Amount (\$) \$500.00	Payee address; 101 Derek Dr.	City; Cedar Park	State; TX	Zip Code 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Management Fee
	<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
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Date 1/29/2020	Payee name Nicole Woodum Sunquist
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Amount (\$) \$189.95	Payee address; 101 Derek Dr.	City; Cedar Park	State; TX	Zip Code 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Purchase Giveaways for Campaign Event
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 1/30/2020	5 Payee name Samaritan Health Care Ministries
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6 Amount (\$) \$625.00	7 Payee address; 700 W. Whitestone Blvd.	City; Cedar Park	State; TX	Zip Code 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Table for Annual Gala
	(c) <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
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Date 2/06/2020	Payee name Facebook
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Amount (\$) \$26.12	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
------------------------	--------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook ads
	<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
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Date 2/10/2020	Payee name Cedar Park Chamber of Commerce
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Amount (\$) \$125.00	Payee address; 1460 E. Whitestone Blvd. Suite #180	City; Cedar Park	State; TX	Zip Code 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description E Blast Fee
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 2/11/2020	5 Payee name Novel Design
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6 Amount (\$) \$433.00	7 Payee address; 209 Liscio Loop	City; Georgetown	State; TX	Zip Code 78628
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Pushcard and Doorhanger Setup
	(c) <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
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Date 2/12/2020	Payee name Christen's Gourmet Catering
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Amount (\$) \$332.00	Payee address; P.O. Box 2918	City; Cedar Park	State; TX	Zip Code 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for Campaign Kick-Off Event
	<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
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Date 2/12/2020	Payee name HEB
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Amount (\$) \$104.21	Payee address; 170 E. Whitestone Blvd.	City; Cedar Park	State; TX	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies for Campaign Kick-Off Event
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 2/20/2020	5 Payee name Cedar Park Chamber of Commerce
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6 Amount (\$) \$50.00	7 Payee address; 1460 E. Whitestone Blvd. #180	City; Cedar Park	State; TX	Zip Code 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Monthly Chamber Luncheon
	(c) <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
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Date 2/21/2020	Payee name Venmo / Nicole Woodlum Sunquist
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Amount (\$) \$300.00	Payee address; 101 Derek Dr.	City; Cedar Park	State; TX	Zip Code 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Fee	Description Campaign Management Fee
	<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
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Date 3/13/2020	Payee name Vanguard Field Strategies
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Amount (\$) \$1,000.00	Payee address; 800 W. 47th St. Ste. 200	City; Kansas City	State; Mo	Zip Code 64112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign List
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2020	5 Payee name Donateway.com	
6 Amount (\$) \$101.78	7 Payee address; P. O. Box 301267	City; State; Zip Code Austin TX 78703
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting /Banking	(b) Description Online Donation Expense Fees
	(c) <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 1/15/2020	Payee name City of Cedar Park	
Amount (\$) \$50.00	Payee address; 450 Cypress Creek Rd.	City; State; Zip Code Cedar Park TX 78613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description May 2, 2020 Election Filing Fees
	<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 2/28/2020	Payee name Cedar Park Chamber of Commerce	
Amount (\$) \$550.00	Payee address; 1460 E. Whitestone Blvd. Ste 180	City; State; Zip Code Cedar Park Tx 78613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Table for Annual Gala
	<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

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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 2/28/2020	5 Payee name Venmo / Nicole Woodum Sunquist
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6 Amount (\$) \$200.00	7 Payee address; 101 Derek Dr.	City; Cedr Park	State; Tx	Zip Code 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management Fee
	(c) <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
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Date 2/28/2020	Payee name Ginny's Printing
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Amount (\$) \$216.50	Payee address; 8410 Tuscan Way #B	City; Austin	State; Tx	Zip Code 78754
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description graphic design for campaign
	<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
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Date 3/03/2020	Payee name Facebook
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Amount (\$) 250.00	Payee address; 1 Hacker Way	City; Menlo Park,	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook ads
	<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
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 3/03/2020	5 Payee name Facebook
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6 Amount (\$) \$12.86	7 Payee address; 1 Hacker Way	City; Menlo Park,	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(c) <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
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Date 3/04/2020	Payee name Tumble Tech
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Amount (\$) \$192.25	Payee address; 1301 Grande Toro Blvd.	City; Cedar Park,	State; Tx	Zip Code 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description T Shirts
	<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
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Date 3/05/2020	Payee name Wix.com
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Amount (\$) 27.00	Payee address; 500 Terry A Francios Blvd.	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 3/10/2020	5 Payee name Treasurer of the Hills (TOH)
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6 Amount (\$) \$25.00	7 Payee address; 408 Ridgewood Dr.	City; Cedar Park,	State; Tx	Zip Code 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Breakfast Event
	(c) <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
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Date 3/17/2020	Payee name Wix.com
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Amount (\$) \$27.00	Payee address; 500 Terry A. Francios Blvd.	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
4 Date 4/03/2020	5 Payee name Facebook	
6 Amount (\$) \$198.16	7 Payee address; 1 Hacker Way	City; State; Zip Code Menlo Park, CA 94025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(c) <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 4/20/2020	Payee name Wix.com	
Amount (\$) \$29.22	Payee address; 500 Terry A. Francios Blvd.	City; State; Zip Code San Francisco CA 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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 4/27/2020	Payee name Venmo/Nicole Woodum Sunquist	
Amount (\$) 250.00	Payee address; 101 Derek Dr.	City; State; Zip Code Cedar Park TX 78613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Fee	Description Campaign Management Fee
	<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

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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 4/30/2020	5 Payee name Super Cheap Signs
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6 Amount (\$) \$ 535.45	7 Payee address; 9200 Waterford Centre Blvd.	City; Austin	State; Tx	Zip Code 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Camiagn Signs
	<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
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Date 5/04/2020	Payee name Facebook
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Amount (\$) \$6.87	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<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
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Date 5/18/2020	Payee name Wix.com
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Amount (\$) \$29.22	Payee address; 500 Terry A Francois Blvd.	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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
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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: 12	2 FILER NAME Mel Kirkland	3 Filer ID (Ethics Commission Filers)
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4 Date 6/03/2020	5 Payee name Facebook
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6 Amount (\$) \$20.00	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(c) <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
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Date 6/16/2020	Payee name Wix.com
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Amount (\$) \$29.22	Payee address; 500 Terry A Franscois Blvd.	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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
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Date 2/10/2020	Payee name Charles Carter
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Amount (\$) \$1,400.00	Payee address; 234 Olde Oaks Drive	City; Georgetown	State; Tx	Zip Code 78633
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Sign Framing and Installation
	<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
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME
Mel Kirkland

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
1/22/2020	Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1727 Austin TX 78767	.30
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned and paid to account		
2/21/2020	Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1727 Austin TX 78767	.10
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned and paid to account		
3/19/2020	Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1727 Austin TX 78767	.07
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned and paid to account		
4/20/20	Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1727 Austin TX 78767	.11
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned and paid to account		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME Mel Kirkland		3 Filer ID (Ethics Commission Filers)
4 Date 5/20/2020	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) .10
	6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1727 Austin TX 78767	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned and paid to account		
Date 6/18/2020	Name of person from whom amount is received Frost Bank	Amount (\$) .09
	Address of person from whom amount is received; City; State; Zip Code P. O. Box 1727 Austin TX 78767	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned and paid to account		
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		

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